Child Rearing

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Chapter 1

An Approach to Child Rearing

A few years ago I would have said that my approach to child rearing could be called a "common sense" approach. The phrase, which is widely used, stuck with me for a long time until I finally figured out what's wrong with it. Another characterization that I thought might apply was the "natural" approach to child rearing, but that was not an apt title, as I finally came to see. I am starting by telling you what my approach *isn't* because understanding what it isn't played a large role in my figuring out what it *is*. Often you think you know where you are headed, and you make progress when you finally figure out why you are not headed where you thought you were.

My approach to child rearing isn't "common sense" because common sense, by the very meaning of the words, is something that is determined by the culture. There is nothing innate about common sense. This is a notion that many philosophers have struggled with, because they would like to believe that common sense is something that you are born with and is characteristic of the human mind. But when you realize that different people have called many different things "common sense," you come to understand that the word "common" does not mean "common to humanity," but rather "common to a certain sub-group or people, who happen to belong to the same culture." Indeed, when a person says, "This is just common sense,"

or when he tells you that he has used his common sense, what he is really referring to is an approach that is generally accepted by people in his culture. So when you see an approach to anything – child rearing, for instance – that calls itself a "common sense" approach, you soon find out that what you are in fact getting is an approach that is widely accepted in the culture as a whole. So it is quite right to call Spock a "common sense approach to child rearing," because his approach does reflect views accepted widely in our culture.

Now one of the things that I came to realize is that the kind of approach toward education, child rearing, and family life that I was interested in didn't reflect the surrounding culture to any great extent. On the contrary, it represented a break with the culture. I used to have a terrible time talking to people about child rearing. I found out that it was a subject that I couldn't talk to almost anybody else about, precisely because I *didn't* share a common language with many other people in this area. It is very upsetting to recollect this, because this was tied up with a process of alienation from friends and acquaintances that I underwent personally. And it all started because I was so sure that all the things I stood for were just plain common sense, that they all simply "made sense" – only to discover that none of them are common sense because they don't represent the generally accepted approach.

So then I asked myself, how could I characterize what I am doing? And I thought, "Well, I am raising my children *naturally*; I am going back to a state of nature," which seemed an appropriate way to see things, since I felt that the culture had alienated itself from nature, and what we have to do is go back to nature. This view was quite fashionable. It went with natural food, natural living, natural this and that. So I started saying my approach to child rearing was "natural." Until I began to study nature more closely, and found out that time and time again I was not doing the natural thing at all.

Actually, this should come as no surprise. We are not living in the woods wandering about in some kind of a primitive, primordial state. We are very far removed from that, and there are all sorts of things that we simply are not willing to do in a natural way, if by "natural" we refer to the original state of nature. So when I realized that I can't live with either of these two characterizations, I spent a long time wondering what it is that I really did represent. It took a while to get it clear, but I think that I am now able to characterize my approach in a positive manner.

I think that the key idea informing the whole approach is something that a former friend of mine once said to me as we were walking together, just before I left New York for good. We were both bemoaning our life in New York, wishing there was a way to have all the things we were enjoying and still lead a "good life." My friend, an inveterate pessimist, turned to me and said, "You know how it goes: you can't have your cake and eat it too." And I guess that trite saying, turned around by 180 degrees, really symbolizes what my approach to education, to child rearing, and to life is – that you *can* have your cake and eat it too. We have finally reached the stage in history in which, for the first time ever, this is possible. Our present situation enables us to enjoy the fruits of all the technological and cultural achievements of mankind throughout history, without having to pay the price that once had to be paid for these fruits in the past. We are able to choose and keep what we like out of the culture *and* out of our former natural state.

Let me elaborate a little more. Broadly speaking, what characterizes man's departure from the original state of nature is technology. In fact, nowadays you can't find any surviving examples of early man. We can try to project, however, from what we can see in the animal kingdom. In particular, it is fairly certain that in the early natural state of things, man was integrally related to the rest of nature. He

might have had ingenuity, and a good brain, and he might have been able to use tools, but basically he had to come to terms with nature, and most of the time nature was the determining factor in his life. There he was, evolved into a certain state of being, with his inherited instincts and behavior patterns and with a certain amount of intelligence, and he somehow worked out a relationship with the world around him in which natural forces were the predominant feature.

From this perspective, the history of man is the story of how man used his brain to conquer nature, and how he developed the technical skills to rule the world. I think this is very eloquently stated in Chapter One of the Book of Genesis, where we are told how man was made the ruler of nature, and how he had to pay a price for partaking of the tree of Knowledge – namely, banishment from the Garden of Eden. In other words, to fulfill his destiny man had to break with his initial state of nature. You can sum it up simply, by saying that for the first hundred thousand years or so of human existence after emerging from an initial natural state, mankind concentrated hard on developing a technology that would give freedom of action in the world, independent of nature.

Now, what eventually happened is that Western culture – and I think this is what characterizes Western culture as a distinct cultural trend from about the sixteenth century on – got totally absorbed in this love of technology. Suddenly people in the West felt that with a little more of a push they could really make it, they could finish the job and become masters of their environment, of their physical destiny. Think back on all the things you know about the late fifteenth, sixteenth, and seventeenth centuries in the West and they all fit in with this exciting feeling that man is just about to conquer everything. For example, there is the passion for exploration. People were not going to let any corner of the world go unexplored. Earlier, the drive was missing. Travelers like Marco Polo came back and told

what they saw on the other side of the world, and people yawned. To be sure, they may have told their children about the trip as an extra bedtime story, but it didn't excite anybody, it didn't trigger a wave of exploration. Then all of a sudden you get explorers going out all the time, it becomes exciting, and challenging. You get the same thing happening in natural philosophy (which we know better as "science" today). People are no longer content to have the steady progress of science characteristic of the culture up to that time. New discoveries abound, new theories of an entirely revolutionary and spectacular nature are proposed. In the political realm, the habits of centuries are cast aside. All of a sudden national states form, something that is very, very Western; and with the concept of a nation comes the idea of pulling together to realize some national destiny.

The driving motivating factors in Western culture in modern times have been material. Everything else has been secondary – in particular, the "humane" elements. The culture as a whole puts aside the delicate human and ethical considerations that characterize the ancient world and the middle ages. All the long discourses on subjects like the right way to work, the right way to behave to your neighbor, the right way to act, how to talk to a person – all these elegant fine points of man's behavior seem to modern man to be quaint, terribly quaint. Modern documents focus more on grand schemes that transform the environment at every level.

What this means as far as child rearing is concerned is that all the tendencies that were present throughout history to subordinate nature to technology, all those tendencies get magnified in the modern West. It becomes a prime consideration of Western culture to raise children *in order to fit right into the technological mainstream*. You've got to make sure that your children are properly conditioned to fit into the technological culture. That means that they cannot be allowed to develop the instincts, inherited characteristics, or natural

tendencies that would run counter to technological society.

Western culture is devoted above all to doing a thorough job. What this means in child rearing is that you don't leave any loose ends if you can help it. The only difference that you get from one generation to the next is one of technique – how you do this best. Generations ago people believed in strongarm tactics; more recently, with the development of the social sciences, you find your methods of molding children to be more subtle.

I believe that we are lucky we were born into this generation, because it just happens to be a time when Western culture has "made it." You couldn't have said this even one generation ago, and a generation or two from now it will be so commonplace that nobody will even be excited about it. We happen to be living in a generation during which a transition is taking place right before our eyes. The main component of this transformation has to do with what is broadly called the "communications revolution." It has to do with the invention of qualitatively new means of processing enormous amounts of information, relaying them from one place to another, controlling them, and using them. It means you can run a large factory with three people. It means you can plan an economy. It means you can tabulate the kind of nationwide statistics that the U.S. Bureau of Statistics handles, for two hundred million people. It means you can produce nine million cars a year, a hundred million tons of steel, and on and on. All these things simply couldn't be done, you could never run anything on such a scale before. The ability to do this now has given the West, and in particular our country, a tremendous excess of wealth and of leisure. I know this may seem a bit odd to say, because there is still so much poverty, but I contend that the problems are fundamentally a matter of over-prosperity. Unemployment, inflation, plants not working at full capacity – these and other symptoms of economic illness are the results of excess, and they are going

to stay with us until we figure out a way to keep everybody doing something when you *really* don't need most people doing anything. The relevance of all this to child rearing and education is just beginning to be understood, and it is going to take a long time to work it out, since we are the first generation of this new reality and we can't expect to find stable solutions quickly. But we know that we're at a place where we not only don't have to raise children to fit into a well defined technological mold, we *mustn't* do so. It is absolutely wrong to do that to our children, because it's not the world they are being born into. Their world will not require that anymore, and to persist in outmoded ways is to produce misfits for the future – people who are perfectly trained to do nothing really relevant. The point is that we have reached a place in the history of Western culture where we've got to raise children to be prepared for a situation which is no longer sharply defined in terms of functions and tasks. We have got to raise children who can deal with the unknown.

I want to relate this to the concept of the "natural state" of man. Up to now, much of life had a set pattern. People could look in a book and find out what to do, because the goals were clear, and each generation had its own sets of methods for attaining them. People knew they wanted children who would behave in a certain way, who would obey orders, who would fit into certain slots, who weren't "over-attached" to their mothers or to their families. People knew exactly what they were called upon to do, and it was always a question of finding the best technique to do it. Now we don't know exactly where we are headed any more, so what is there to rely on? *This is the problem in child rearing today.*

The question is, what can we use as a starting point? That's where nature comes in. What nature has given to man, as to all other living beings, is the *starting point*. It's something that evolution has provided. It's a set of instincts, of behavior patterns, of inherited ten-

dencies that direct man as an animal in the matrix of biological evolution. The hard part is to find out how we can benefit from what we have learned through man's long span of history. This is what I mean when I say, "Having your cake and eating it too." It's an approach which is based on a big question mark, but *knows* what it is avoiding, has an idea of what it wants to take as a starting point, and is ready to use all means currently available to tackle each individual problem as it comes along. That's what I am going to be doing, subject by subject, in the chapters ahead. I will be looking at each subject from the point of view of what program we have to undo, what clues we may get from the natural state, how we may benefit from man's historical experience and scientific skill, and what options we have for action.

So far, all we have is a general framework. We must still decide which specific world view we want to plug into that framework, because we can plug in any number of them, any of which will fit, but each of which will have its own unique set of consequences. For example we can work with a world view that is totally community oriented, where communal values are primary, and there will be certain consequences of taking that specific philosophical point of departure. There's no need to list all the other possibilities. Instead I want to present the world view that will underlie all of the following chapters – namely, the democratic ethos. This philosophy of life stresses a kind of "balance of powers" between the individual and society, between individual rights that are sacred, and community decisions that are made through a democratic procedure. This point of view starts by placing primary importance on the *sacredness of the individual*, while social organization is viewed as something essential but secondary. Now this means, for example, that I am going to be stressing over and over again the primary importance of expressing each individual child's full potential, rather than the primary impor-

tance of preparing children for service to a nation, or for service to God or to an ideal. I will always view social encroachments on individual expression as an evil that is to be minimized, unless it can clearly be shown to enhance individual expression. There will be many examples of this.

This focus on individuality within a democratic ethos is my specific starting point. Much of the literature in child rearing, and education, invokes the idea of individual expression and maximizing individual potential like a ritual incantation. But always some qualifiers are added immediately after-wards which make it very clear that individuality is to be tolerated only within fixed limits which are governed by the needs of society. The primary considerations turn out to be the qualifiers, and individual expression soon get subordinated to the primary restrictions. I want to do it the other way around. My primary focus is the expression of the individual, and although that will be qualified from time to time, it is the qualifiers that will be subject to severe scrutiny and not the expression of the individual. Wherever some social stricture comes to limit individual freedom, it's the social stricture which is going to be under fire, and will have to prove itself, and not the other way around.

Chapter 2

The Decision to Have a Child

One of the chief aspects of having your cake and eating it too is the simple fact that today it is a matter of purposeful decision to have a child or not. It is not as if all methods of birth control are new. Certainly abstinence goes back to the dawn of man. Interrupted sexual intercourse is mentioned in the Bible; other ways of preventing birth have long been known. But all these methods have been either esoteric, unreliable, or uncomfortable. Only within this generation has it become simple and convenient to have sexual intercourse with almost total assurance that it will not lead to pregnancy.

What interests me is the profound affect on family life caused by the availability of effective methods of birth control that are also convenient, and essentially do not interfere with normal sexual relations. This is an excellent example of the current union of the natural and the technological: you can have sexual relations in an almost totally natural way, and not have to worry that it will lead to a pregnancy. Up till quite recently, people who engaged in natural sexual relations ran the natural risk of pregnancy, and one result was that people who wanted a normal married life could expect to have children. When you got married, you were going to have kids, and that was that. People knew there were ways of preventing it, by going to a lot of trouble and inconvenience, and if they had overwhelming reasons not to

have children, they might go to the trouble. But otherwise, children were an expected outcome of marriage, an act of fate. Whereas now we are in a new situation where you can have uninhibited sexual relations and just forget about the factor of children completely.

This is far more than a "sexual revolution," which everyone talks about. It is an enormously profound revolution in family life, and in the relation between parents and children. Because up until now, children just "arrived." The whole attitude towards children was governed by a certain kind of fatalism. They came, and you were stuck with them. Even if you especially wanted children, even if you were looking forward to a family, the element of fatalism governed *when* they came. The element of fatalism was always there, and what that did was introduce a dimension into a person's relations to his children – namely, the dimension of "duty."

Let me explain more fully. A family would have a child. They may have wanted it at that moment, and they may not, but at all events it appeared, and it became their responsibility. The simple fact that it appeared at a time not under anyone's control opened every parent to the danger of resentment whenever the child's presence would be disturbing. Fatalism in general – and this is true whenever something happens to you that seems to be decreed by fate, even if it is something you might have wanted – always opens the recipient to the danger of resenting what happened to him, because it was imposed on him in a way he could not control. Now sometimes you can do something about your resentment. If you ordered a new car and got the wrong make, at the wrong time, you can turn it in. But if it is a child, you have a different kind of problem. What most people do is have recourse to some kind of world view that will convince them that it is their proper duty to care for this creature that they have brought into being. Indeed, every religion and every humanistic philosophy of life places great stress on the mutual relations and

obligations between parent and child, providing a framework for the parent to hang his resentment on when the chips are down.

As a consequence of the present state of affairs, all this has changed. All of the old paraphernalia which was developed by Western culture – indeed, by other cultures too – to deal with resentment, to guide parents in performing their duty of raising children, all of it has become irrelevant; all because now having a child is a matter of a willful decision. You make up your mind that you are going to have a child; you have all the peace and leisure you want to make up your mind, nobody is forcing you, it's not going to happen all of a sudden when you least expect it. You can make the decision calmly, coolly, and not in the heat of some momentary passion.

That means that from the very beginning the relationship between parents and their children will not have the element of resentment and imposed duty that come from the fatalism of the old days. You have a chance *not* to have any children and still have all the other aspects of your life stay the same, including your sexual relations. In fact, when you decide to have a child, it is even more of a positive act than appears at first sight, because you have to interrupt the use of birth control, which has become the natural process of sexual intercourse now.

Here, then, is the starting point for the relation between parents and child. The child is a human being you actively willed into this world as a matter of your private choice. *That's the cardinal fact about having a child today*. You wanted it, you took it upon yourself, and you are prepared for it fully. Of course, what I am talking about is a *root attitude*. It doesn't mean that everything is going to be easy. We are always making active choices out of cool detachment and then finding out we are in hot water. The point is, when you make an active choice and then find out you are paying a tremendous price for it, the fact that *you* made the choice governs your attitude toward the hardships you will encounter.

Now that brings us immediately to the next question: Why have a child at all? Why make the effort? Again, the very question reflects the change that has occurred in this generation. Before, few people would ask that question. Having children was simply a natural consequence of sexual intercourse. Now you have to ask, "Why should I bother?" That bears a lot of hard thinking, and is uncomfortable for the present transitional generation. Even though we are aware that we are in control, many of us are still not aware that this implies that we have to have a good reason for doing something. Often we just continue to follow old habits through inertia. A lot of people who use birth control and can pinpoint the day that they will have a child, if asked *why* they had it, answer that they never really thought of that. They knew *when* they wanted it, and they knew *that* they wanted it, but if you ask *why*, you get answers like, "Doesn't everybody? Isn't that part of having a family?" I think it will take some time before we adjust ourselves to the idea that we have to be aware of our *reasons* for having children.

Naturally, there is no one reason, nor is it possible to draw up an exhaustive list. These days, I would say the most important reason that I have observed for having children is the desire for a *family*, for a nuclear group of intimates larger that just two people. I think that this is something very specific to our time, to our kind of culture, where the nuclear family is so small, where tribal connections have been broken, where the large extended kinship families common in so-called "primitive" societies don't exist. Having children is, in a sense, an extension of getting married. I think the overwhelming motive for two people getting married or living together, is to have a larger nuclear group of intimacy than just yourself alone. You want more company than yourself. And I think the overwhelming reason for two people having a child is similar: they want to be intimate with somebody else.

I want to go into this a little more. Let's say two people decide that they want more of a close circle than just each other. How does this relate to having a child? Why not simply look for a third or a fourth adult, just as the two had looked for each other? I think the answer lies in the great difficulty that almost everybody has in finding even one satisfactory adult partner. In a society such as ours, where the nuclear family is so small, where individuality is such an important concept, people grow up and develop their character in overwhelming isolation. In order to find a companion with whom you can really be intimate, you've got to find somebody who by some miracle has enough of an overlap with your character traits and interests and personality that you can really get attached to them, that you can really stick with them, live with them, and tolerate them twenty four hours a day, day in and day out. For this to occur borders on the miraculous in the kind of fragmented culture we live in. I don't think it is an accident that the number of satisfactory unions between only two people in this culture is quite small, considering that people start out with so many odds against them. Now assuming you finally have two people who can forge some sort of satisfactory intimacy, the odds against finding a third are really staggering, because that third doesn't only have to deal with one of the two existing partners but with both at the same time.

On the other hand, if you are dealing with a child, the odds are *with* you, because you are talking about a human being who grows up in your environment and whose pattern of experiences, tastes, and character traits is inevitably in considerable overlap with the patterns of the parents. For this reason, I think it is the eternal expectation of parents that in having children, they will be able to have other people with whom they both can be intimate.

In fact, the chief disappointment people have with their children in this culture is that they grow up. Over and over, you hear par-

ents bemoan the fact that all the things they had in common with their offspring when they were infants and little children slowly vanish as they go off on their separate paths in life. The great expectation that they would continue to have much in common seems almost always to be dashed when the children grow up and leave home. You can have it for awhile – a few years with one child, then a little later with another child. But regardless of the failures and the impermanence of it all, I am convinced that the primary reason in this culture that people have children is their desire for a family in the sense that I have been discussing.

All this is predicated on the conditions of our particular culture. The small nuclear family is not a necessity, nor is there a necessity for children to grow away from parents, certainly not in extended family situations. In other cultures, where people are used to being intimate with large numbers of other people – and I mean really intimate, on a twenty-four hour-a-day basis – there would seem to be more serious grounds for choosing not to have children. You could have all the advantages of associating with children, yet never have any of your own. Unfortunately, in many of those cultures they have never really effectively heard of the technology of birth control. They are even more subject to the fatalism of having children than we are.

A second reason for having children has been given a lot of currency this century, and can be called a socio-political reason, because it is meant to further some kind of social or political aim. The motivation is to increase the population of a nation, or of a certain particular group. We even find situations in which governments give bounties for large families. Some groups introduce the idea that it is a positive duty to help propagate themselves by having children, training them, and bringing them up in the proper way.

A new class of reasons for having children is what I will just classify generally as "personal reasons." These refer specifically to the

tastes and aspirations of the parents, and include such specific reasons as *enjoyment*; there are people who simply get pleasure out of having children around the house, or out of going through the process of raising children. Or you often find people who feel that they were raised poorly by their parents, and they have decided that they want children in order to show that child-rearing can be done in a "right" way. Less frequently, people who were raised well feel that they enjoyed the experience immensely and it is only right that they continue the tradition and raise other children well in order to right the terrible wrongs that are done in the world; it is a way of continuing a favorable family tradition. Some people want children to test out their own private ideas of child rearing. Often you read about parents who decide they are going to raise a champion athlete, or a great pianist, or a star ballet dancer; they think they know how to do it, where others have failed. And for every successful such experience we hear about, there must be plenty who have tried and failed.

Those, then, are what I consider the prevalent sets of reasons for having children in the present cultural configuration. It is going to be a completely different ball game in future generations. A hundred years from now there will probably be a complete redefinition of what it is for people to live together, and form families. I wouldn't be at all surprised if a time came when the human race will have to make careful provisions for assuring enough children to keep the species alive, because a lot of the personal or natural or family reasons for having children are just not going to mean anything. Of course, it is impossible to predict what the future is going to be like, but I am convinced that many of the reasons and arguments involved in this entire discussion of child-rearing are closely tied to the present state of the culture, and when the culture undergoes the profound change that is surely coming, they are not going to be valid any longer. It reminds me of something that made a very deep

impression on me many years ago. A friend was discussing Shakespeare and expressed his conviction that it wouldn't be long before nobody would be able to understand a single play by Shakespeare because so much of what goes on in Shakespeare's plays depend on emotions and situations that are linked to a very definite cultural setting; they deal with such things as power, personal relations, jealousy, and although we like to think that these are universal phenomena, they are all in fact tied to the culture and the way we live, and may well not be comprehensible any longer when a different way of life replaces ours.

Assuming that people have a reason to have children and have decided that they are going to, the next question that comes up involves the mechanism of setting about to have children. Actually just raising the question may seem a bit odd, since presumably we all know about sexual intercourse and procreation. However, for reasons really not understood at all, it turns out that couples who have had intercourse for a prolonged period and have somehow prevented conception from happening, often have difficulty with conception when they remove the restraints and actually seem to be infertile. It appears to have nothing to do with the method of contraception; rather, it seems to have to do with some relationship between a person's psychological frame of mind and fertility. It often comes as a surprise to people, a real shock; many people get panic-stricken and fear permanent sterility. You can imagine the psychological setting. Here you have gone to all this trouble to prevent conception and it's been a nuisance. You had to remember to take the pill every morning, or to use the diaphragm, or whatever else, and it has taken a certain amount of concentration, and worry that if you ever forgot or slipped up, you would likely as not have a child by mistake. And then you want a child, and you stop using contraceptive measures – and you expect that right away it will work. Obviously, as the months pass

without success, you can get extremely panicky about sterility, and the panic feeds on itself. The more panicky you get, the more likely you are not to conceive.

Often just the simple awareness that there is a problem can help if you realize that it may just take time for your whole system to adjust to the idea that you wish to become fertile. If you know this and are relaxed about it, then when the time comes you will have better chances of success.

To be sure, there exist bona fide problems of sterility. These require the professional attention of trained physicians who specialize in fertility. The medical techniques are involved and sophisticated, and only the most expert practitioners should be consulted for assistance.

In the event that despite all efforts, or because of other personal reasons, you do not have your own child, but still want a child, the final recourse is adoption. It is possible in most places to adopt children, especially new-born infants, although the conditions of adoption vary with the place and the time. For the purposes of this discussion of child rearing, it makes no difference whether the child is your natural child or not. Child rearing begins with the desire to find a fair way of dealing with a person for whom you have decided to take responsibility. I think that the distinction between an adopted child and a natural child is smaller than ever now, because of the voluntary aspect of having a natural child. Functionally speaking, the essential distinction between a natural child and an adoptive child in the past was that a natural child happened to you while an adoptive child was someone you made a conscious decision to have. Since that distinction is now gone, there is hardly any justification in having a different attitude or approach towards an adoptive child than toward a natural child.

The main point of this chapter has been simply this: the fact that it is now strictly a matter of choice to have a child places on the

parents, rather than some outside force, the full personal responsibility for bringing another person into the world. There are all sorts of implications of this that will come up over and over again in our discussion. One of these implications is closely involved in the original decision to have a child – to wit, the fact that you have to take into account the definite possibility that the child will be born with some form of physical or mental handicap. It's still a fact today that medical science does not know exactly when genetic or congenital diseases will occur. No matter how much you know about your own genetic history, and no matter how much care you take during pregnancy and during the delivery, there is always the risk of having a handicapped child, and you have got to be aware of this possibility before deciding to have a child. I don't think there is any way to soften that fact. You've got to be aware that although you are in control of the decision to have a child, you are still not completely in control of the decision to have a healthy child.

I guess a lot of people don't want to be involved in the unpleasant side of life, so this fact isn't given adequate attention by people who are thinking about having children. The reason I think it has to be talked about and thought about carefully is precisely because of the control factor. You've got to be completely ready for it, emotionally and intellectually, when you start getting into having children. I think the most important thing is that you ought to be honest enough with yourself to say that if you are not ready to assume the burden of caring for a handicapped child, you should not go into the business of having *any* child, because you cannot later abandon a handicapped child who happens to arrive. A person who isn't ready to see through all the responsibilities of parenthood, including the chance that it is going to be an extremely difficult, long, and burdensome task, should not try to have a child at all.

In this book, I am going to limit myself to discussing the rearing of children born healthy, because dealing with handicapped children is an extremely specialized area, and should be dealt with by specialists. Here I have just wanted to stress that you should not decide to have children if you are not completely ready to have children with problems. I don't know if there will ever be a day when you can be as much in control of the health of a child as you are of its conception, but we are certainly not anywhere near that today.

Chapter 3

Pregnancy

The central point of this chapter is that *pregnancy is a state of health and not a state of sickness*. I am afraid that this has come to be an unusual point of view over the years, for reasons that I am going to be discussing shortly. The culture has somehow come to forget that a woman who is pregnant is a woman who is in a normal state of her existence during which certain physiological changes take place that her body is fully equipped to handle. Entering pregnancy is much like entering puberty; puberty too is a state of health in which all sorts of physiological changes take place. To be sure, there is much written nowadays describing puberty too as a state that requires treatment. Still, I would say that most people consider puberty to be a state of health, while only a few think that of pregnancy. The prevailing attitude is revealed by the fact that as soon as a woman becomes pregnant she is engulfed by concern which encompasses the medical profession, friends, employers, and her immediate family, all of whom behave towards her as towards one who has become ill.

I'm not going to discuss the specific physiological changes of pregnancy. These can all be found adequately described in detailed texts. However, why pregnancy has come to be considered a state of illness is something that I want to go into at some length, because it is centrally related to this book's main theme of having your cake and eating it too. The point is really simple. On the one hand, it's true that when a woman becomes pregnant something perfectly normal

and natural is happening to her. But it is also true that in the primitive natural state of man there was a high attrition rate of pregnant women and fetuses as a result of various malfunctions. This has to be seen in the general context of the high attrition rate of the human species. Anybody who has passed the age of thirty knows that the human body was not really designed by evolution to live much beyond that age. We are just not put together to last very long, and those of us who are kept going get sent to the repair shop more and more frequently as the years pass by.

The situation with pregnancy is this: There are a lot of pregnant women who develop complications, just as there are a lot of not-pregnant women who develop complications, except that pregnancy is an added factor that adds another place where things can go wrong. In days of old, there were lots of mishaps, and the species survived with a relatively small total population – just enough, more or less, to keep the species going and perhaps slowly increasing. With the advance of medical technology, ways were found of overcoming many of man's evolutionary handicaps, making it possible for people to survive under conditions which normally would have led to death.

It is important to realize, while we are on this subject, that the development of medical technology through the use of man's intellectual apparatus *is. itself a part of biological evolution*, even when it works against some particular aspects of man's evolutionary heritage. This point is essential to understanding the role of man in history. It is not very fruitful, and actually incorrect, to view technology as something in conflict with evolution. Man's brain is an integral part of the apparatus he was provided by evolution. Man's intellect is something that came with the rest of his animal nature, and people who view technology as being in conflict with Nature don't fully understand what Nature is. Anybody who views technology as being in a state of war with Nature is viewing the mind as if it is something

separate from the rest of the human animal, whereas in fact the mind, and the intellect, and all aspects of the brain are essential features of the human animal as endowed by evolution. Whatever wrong has been done by the human mind to the world is as much a part of natural evolution as what has been done by storms and by rains and by erosion and by all the other forces of Nature. Technology is part of Nature, just as everything man does with his mind is part of Nature. And the battle between conservationists and industrialists today is also part of evolution, analogous in many ways to the physical battles that are fought between animals of different species. The highways, the skyscrapers, the smog and pollution, all those things are part of Nature today, because the human mind has put them there, no less than all the manure that a cow distributes all over the environment is part of the natural ecological cycle.

Getting back to pregnancy, it is not that modern medical technology has overcome evolution, but that evolution (through medical technology) has now brought pregnancy to a state in which the attrition rate is low. Actually, medical science was quite tardy in turning to the attrition caused by pregnancy and birth. This was one of the last problems addressed in the history of medicine, towards the late nineteenth century. I would say flatly that this tardiness was part of the overall poor treatment of women. It was just not all that important to worry about what happens to women. Much as with slaves or animals, it was nice to keep them healthy if you could, but it was not really crucial; there were always a lot more where they came from, plenty of other women who could serve as wives and mothers. I mean that quite literally, although it sounds terribly coarse. What happened if a person's wife died in childbirth? More often than not, he went out and married someone else, and if she died, he married someone else. It was never viewed as a major problem of the human species, even though it might be terribly hard and tragic when the woman you

loved would die. The medical problems surrounding pregnancy and delivery simply weren't part of the curriculum in medical schools until the end of the nineteenth century. They finally entered the curriculum mostly as a result of the feminist movement's objections to medically ignorant midwives who were the only people who would handle births – and there was a lot of outrage on the part of the medical profession that male doctors should be called upon to do such lowly work. Nor was the outrage limited to doctors. Many laymen considered it lewd to have male doctors attending to women in their "private parts." This attitude is not specifically Western; until relatively recently only female medical personnel were allowed to treat women in much of the world. What happened toward the latter part of the nineteenth century was that some medical doctors started to get interested in this field, and the death rate started dropping rapidly.

I think you can now see why pregnancy came to be considered a state of illness. It was late in the game that the treatment of problems during pregnancy and delivery came to people's attention, and then the pendulum swung the other way, and people became very concerned about lowering the death rate. The death rate was enormous during delivery. For example, in nineteenth century Europe something like 90% of all women who delivered in hospitals would die. That was before asepsis came into general use. Of course, for the majority of women who delivered at home, the death rate generally was much lower, but the problem was so bad and was attended to so late in the history of modern man that we are still under the influence of over-reacting in the opposite direction, by taking an oversolicitous stance toward pregnant women.

I would say that it is time for pregnancy to come back into truer perspective. In particular, when you are pregnant, just as during any other healthy period of life, in order to make sure that you are not unknowingly heading towards some problem, you should go regular-

ly to a medical technician who will check you out and make sure you are doing all right. That's what people in general should do when they are healthy: it is the doctrine of preventive medicine, which has been found to be extremely successful in lowering the overall death rate by catching problems early. The role of the doctor should be passive in all normal cases of pregnancy, and there should be little interaction between pregnant women and medical personnel except for some occasional checkups, or in cases where there may be signs of danger. In fact, what we should focus on is the need for everybody to know the danger signs. Once we solve the problem of how to describe the signs with precision, I think we will find a great upsurge in preventive medicine, in pregnancy as well as in other circumstances.

Because I have brought up the question of the doctor's role, I would like to digress briefly in order to discuss medicine. We might as well get a few things straight about doctors before we proceed so we can get a better idea of their proper function, and of how we ought to relate to them. Medicine is two things: it is a combination of routine technology on the one hand, and highly imaginative "art" on the other. Let's consider the technology part first. Technology refers to a situation where you have complete, predictable control over your environment. You set out to build a house, and if you put things together in a specified way, it stands. You know there are no 'ifs', 'ands', or 'buts'; you don't worry that you'll come back the next day and find everything in a huge heap of rubble. That's what you mean by technology: control over your environment which is completely specified and completely causal, with no surprises in it. Now there is a whole part of medicine that is technological, as a result of the experimentation that has gone on in research laboratories. People discover causal relationships between certain factors and certain diseases. As soon as a direct causal relationship is discovered in medicine, the cure is at hand. To be sure, there is a certain lag

between knowing exactly what is going on and knowing how to deal with it, in medicine just like the rest of technology. You may know what kind of a building you want, and it may take a while to design it and find the proper materials to build it. However, medical technology advances fairly rapidly, as we have seen in our generation most dramatically in the introduction of a whole series of cures, miracle drugs, and exotic procedures which have eliminated or controlled many illnesses in our society.

Now, on the technological side of medicine *you usually don't need a doctor*. With known curable diseases, you could today set up massive screening clinics, fully automated, that would run a series of tests, give the diagnosis and prescribe the cure. The training involved in running such tests is far less complex than medical school, and the cost to the patient, if done simply and directly, would be far lower that the cost nowadays.

The other side of medicine is the completely non-technological side. That's where we don't yet know fully what the disorder is, and we don't know precisely how to cope with it. We have to deal with a whole human being who is sensing some kind of functional disorder that somehow has to be handled. An enormous number of factors are involved in such a situation. First and most important is the patient's perception that he is ill. The first thing that a good doctor asks himself is why the patient feels sick. It is an enormously difficult task at which many doctors fail and very few patients ever get satisfaction. You might think, upon first reflection, that you feel sick because it hurts you "over here." But if you think about it a little more, chances are that you may have hurt "over here" many times in your life when you didn't feel sick, and the chances are even greater that an awful lot of people have hurt "over here" in exactly the same way that you do and don't consider themselves sick at all, but instead they consider it part of the way they normally function. The degree

to which your cultural subgroup and individual background determines whether you feel sick or not is just staggering. You get the impact of this most strongly when you go to another culture, and you find that people consider sickness to be something completely different than what you consider it to be. On the one hand, they think they are sick when they look perfectly healthy to you, and on the other hand they walk around with all kinds of diseases (from your point of view) and think that they are perfectly fine.

Let me give you an example, perhaps a bit indelicate. It is considered good form in certain cultures when you've had a proper meal to show that you have enjoyed it by emitting a loud belch. Contrast this with our culture, where if you were to feel that you had to let out an enormous belch at the end of a meal, you would reach for the alka seltzer. That's what the culture tells you to do; because you are used to thinking that the belch reveals a state of distress. Another person, living several thousand miles away from you, if he *didn't* have that feeling, would be reaching for something to make himself belch!

So the first thing the doctor has to worry about is why the person feels sick. I am not talking here about psychosomatic factors; what I am saying is that in order to understand illness you've got to first get all the factors together that will give you a picture of why the person perceives himself to be ill. Part of it will be his symptoms, and the rest of it is his world-view, make-up, background, and relationship to his surroundings, all of which make him feel sick with his specific set of symptoms. And what the doctor has to do – and this is all in the realm of non-technology – is try to find a way to relate to the patient's symptoms, environment, and world-view all at once so that the patient will not feel sick any longer. At one extreme he might simply try to convince the patient that he's not really sick; at the other extreme he might treat only the symptoms. But usually there is a whole range of ways to restore a patient to being and feeling healthy,

and the way a doctor goes about it is an *art*, the *art of medicine*. That is what doctors deserve to be paid huge fees for.

I've made this digression on medicine because it relates to the whole way we've got to deal with doctors, whether during pregnancy, or when we bring our children to them, or at any time. There is no question that from the preventive medicine aspect, you want to make sure that the technological side is fully checked out. You want to make sure that your system is running properly and that you don't have anything wrong with you that is detectable and curable. You do this by means of standard checkups. On the other hand you can reduce your contact with doctors to almost zero if you do not feel ill. Which brings me back specifically to the point of this chapter. Our culture makes women think they are not well because they are pregnant. Most people who go through pregnancy wouldn't have that attitude if they weren't taught it. Let me just give an example from the animal world which is very striking. If any of you have ever had an animal, say a cat, it's an experience to watch her during pregnancy. She will be completely agile and active up to the minute of birth. Her belly may be literally scraping the floor, but she will jump up on high ledges just as she did before being pregnant, she'll run after mice and birds, all up to the moment she is about to give birth. If she is domesticated she may actually come up to you and tell you she is ready to give birth, and then go to the box you have prepared and give birth within hours – and that's it. Does that mean that the cat doesn't know that there is something different about her? Is she unaware that her belly is scraping the floor? I doubt it; but there is nothing in her heredity or cultural environment that tells her she should feel or act sick.

A few words on how you feel when you are pregnant. Generally speaking, you can divide pregnancy into three periods; the early, middle and late months. Some women are literally unaware that they're

pregnant for the first few months, until they've missed several menstrual periods and realize that they've never been this late. They find out that they are at the end of their third or fourth month, but they don't "show," they don't feel anything unusual, and they are simply unaware of pregnancy except for their missed periods. A small percentage of women feel a certain amount of nausea as the only sign of pregnancy during the first months. It is difficult to determine the origin of this nausea. It's so much a part of the literature, so much a part of the surrounding: "Oh, you're pregnant! Do you have morning sickness?" I don't see how anyone can grow up in this culture without hearing from one place or another that there is such a thing as nausea in the early months. But it may be a perfectly natural physiological reaction for a small percentage of the population in the early months. Other than that, there should be nothing about how you feel in the early months that distinguishes them from the prepregnancy state, although if you read the textbooks you find out that you actually are undergoing all sorts of profound physical changes.

The middle months start to show more signs of pregnancy externally and internally. From a functional point of view, the middle months are considered in this culture to be the "best" months, because the morning sickness is over with and real discomfort probably isn't going to start until about the seventh month. You are told on all sides that these are the months to really enjoy because you can bask in the pleasure of pregnancy and you really don't feel very much at all except that you have an increased appetite. Finally there are the last months when you are big with child. Sometimes, you bump into doors, you can't sit at the table properly, and it becomes uncomfortable to do certain things. In fact, it's sort of diverting to note the kinds of things that become uncomfortable to do, because it shows what a strange job evolution has done. For example, it is often uncomfortable to *walk* – and that's because Nature didn't really fin-

ish the job of converting humans into an erect species. If you consider where the uterus is placed and how the fetus sits, you'll see that it's really designed for an animal walking on all fours. If you could be walking around the way chimpanzees do, on your knuckles and feet, you really wouldn't be disturbed that much at all as far as a bulging belly is concerned. But because of the way the fetus rests in the pelvic girdle, there exists a pressure that disturbs the motion of the hips during two-legged walking. On the other hand, it may be very comfortable to ride a bicycle right up to the day of delivery! Generally speaking, in the last three months you have to acknowledge the fact that you are pregnant, probably more so than any other member of the animal kingdom because your evolutionary development hasn't been quite finished.

I have purposely avoided discussing the question of fatigue because the whole subject is so totally tied up with a person's psychological state of mind that it is impossible to unravel. I do not believe that the human animal needs on the average more than a couple of hours sleep during a twenty-four hour period. The amount of sleep that each of us feels he requires is related not to physiological needs but to the way we use sleep as an aid to solving certain kinds of problems. For this reason, I do not think anyone really knows whether you need more rest when you are pregnant, but I do believe that in our culture we make a tremendous fuss about taking it easy during pregnancy. In fact, less than a hundred years ago in "good" society you went into "confinement" when you were pregnant, which is simply meant that you were kept out of sight and in a state of total repose and rest for almost nine months.

I want to turn now to the question of diet and weight gain, and related matters. Many books recommend particular kinds of food for pregnant women – in particular, large quantities of milk. In addition, the "healthy, normal" weight gain during pregnancy is often

said to be around fifteen to eighteen pounds. I think that it can be said flatly that the diet of a pregnant woman should not differ in any way from the diet of a not-pregnant woman, or of a man for that matter – namely, a balanced diet with the quantity of intake governed by the person's appetite. You should eat what you want, when you want; this I consider to be the basic principle of proper diet in general as I will point out shortly.

This statement always brings forth the objections that when you are pregnant, you have got to provide special nutrients for the fetus. Actually, I don't know of any valid argument for a fetus requiring nutrients different than those that humans need generally. The question of quantity is another matter which seems to be related to the matter of weight gain. There seems to be an objection to letting a pregnant woman eat what she wants as often as she wants because she will become obese – on the theory that people generally will become overweight if they "let themselves go." What actually seems to be the case is that two different factors come into play. First of all, a lot of pregnant women get so nervous about constantly being told that they can't gain weight that they eat three times as much as they normally would; this is just the same effect you would have with people who weren't pregnant. The second factor in pregnancy is the enormous natural variability; different women, depending on their builds and natural needs, in fact need to gain different amounts of weight during pregnancy. This is something that we know almost nothing about. The "proper" weight varies greatly from woman to woman, and it varies from pregnancy to pregnancy in the same woman. The problem is terribly complex. On the one hand, it has been found that babies are sometimes born suffering from malnutrition to mothers who have been kept under a strict diet regimen during pregnancy; or that mothers are sometimes left in a weakened state after being kept to a weight gain of fifteen to

eighteen pounds. On the other hand, there are healthy women who will gain thirty five pounds and who return to their normal weight in a reasonable time after they give birth in a totally uncomplicated manner. Excessive weight gain may, however, be a sign of too much fluid retention, which is a potentially dangerous situation requiring medical attention.

The question of milk in the diet is something that deserves to be taken up separately because of the obsession in this country with milk. Actually, there is not a single mammal in the animal kingdom that drinks milk beyond the age of weaning. You can train mammals to take milk along with other food, as we do with cats; I think cats will eat almost anything by the time human beings finish with them. But I have never heard of a cat in the wild going up and suckling from a cow. Milk is meant primarily to nourish infant mammals. It is not meant to fulfill adult needs. Which means that milk may be a very nice food, but any claims that it is necessary for good health are simply a Madison Avenue ploy to promote the dairy industry. What's disturbing is that medical studies reveal that a significant percentage of the adult population is allergic to some component of milk, and often suffers damage to their intestinal tracts from milk. So the best that can be said to a pregnant woman is that if she likes milk and it doesn't cause her problems, she should drink it as often as she normally would; otherwise, forget about it.

An interesting aspect of the whole question of nutrients is that whenever there is a nutritional problem in pregnancy, the *mother's* body will be the first to suffer. (This phenomenon also applies throughout the period of lactation.) The baby will be the last to suffer. It is part of the chemical control mechanism of the body that nutrients go to the fetus first, as if the body "knows" that a developing organism has to be taken care of first, whereas the adult body has reserves that can tide it over in times of need for a long time. So if,

for example, there are vitamin deficiencies in the diet, the mother will become vitamin deficient, but until she has practically exhausted her body's supply of vitamins the fetus won't be deficient. The same applies to a lactating mother: nutrients will enter the milk first, until the mother's supply is virtually exhausted.

I would like to digress on the question of diet and discuss the statement that I called the basic principle of dietetics: that a person should normally eat what he wants when he wants in whatever quantities he wants. This stems from the thesis that a healthy animal, given a free choice of foods, will properly select those foods that will promote its welfare. This is not a simple doctrine, and it actually depends on several additional factors for its validity. The most important factor is the availability of a large enough variety of foods to contain all needed nutrients. This relates to our evolutionary heritage directly. When man first emerged he was in ecological balance with his surroundings, with an abundance of appropriate foods surrounding him. As the human population increased, dietetic problems increased. For example, people who went to cities had an immediate problem of managing the feeding of an urban population. Put yourself back even only a few hundred years in an urban setting and ask yourself how on earth you feed an urban population. There were no refrigerators or freezers, transportation was extremely slow. Perishables were mostly out of the question since it was not possible to carry perishable foods across any significant distance. So it was necessary to develop elaborate means of preservation – drying, salting, or heating food to death, dousing it with chemicals so that it won't rot, or simply not eating an enormous variety of foods that would normally be available in rural areas. The advent of urban populations in history brought with it, inevitably, widespread malnutrition and a lowering of the state of health of the population. Then along came technology, trying hard to remedy the situation through

better communications systems, better preservation systems, and more recently, refrigeration, rapid transit, some very imaginative methods of packaging, new chemicals you can put into food that will keep it from spoiling for weeks, ways of milling grain by taking out the germ so it doesn't spoil for a long time, etc. In effect, technology has counteracted much of the threat of urban malnutrition successfully, but with the aid of procedures that profoundly affect the nutritional quality of the food we eat. As a result, mankind has arrived at a situation where what is available is a spectrum of mostly processed foods that, if put together properly, would keep a person healthier than he would have been without these foods. The science of dietetics is an attempt, through a combination of processed and natural foods, to combat the malnutrition that looms over humanity due to urbanization and overpopulation.

Again we come back to the theme which we started with: in this generation, when for the first time you can have your cake and eat it too, it is now possible to go into almost any supermarket anywhere in the country and buy almost any kind of food you want. That includes an enormous selection of fresh fruits and vegetables all year round; and with the upsurge of interest in so-called "health foods" you can get all kinds of whole grain products and even organically grown foods, at a premium price. No matter where you live, city or country, you have available to you a spectrum of foods essentially similar to the spectrum available to primitive man. What this means is that people raised today can be allowed to exercise free choice in what they eat, provided they participate in shopping so that they can pick out what they want to bring home with them. It's quite an experience to go to a market with children who have been raised with a free choice and watch them pick out what they want week in and week out. They will choose a large variety of foods which may not immediately be recognizable as satisfying all their nutritional needs

but are certainly varied enough to warrant non-interference. The problem is that in our transition generation, people who have been brought up on carefully programmed diets are still so busy rebelling against these artificial concepts of nutrition that they don't eat healthy foods as a matter of principle!

One last word about diet. There are available on the market large quantities of certain poisons, some of which aren't labelled as such. I think that it is just going to be a matter of time until they are labelled "poison," and once they are you can comfortably let people exercise their freedom of choice. Until then, we have a problem. The most widespread poison on the market today is sugar, which is just lately widely recognized for its danger. It has been demonstrated repeatedly that purified sugar – not all sweet-tasting foods, not honey or molasses or many other such sweets, but pure sugar – if given freely along with other foods to healthy animals or people, will preempt nutritious foods, and animals will often continue to eat it until they die of malnutrition. There is something about sugar that apparently throws the natural balance off completely. You can see this with people who have a "sweet tooth." Usually, people who go on a binge and eat one food over and over eventually get sick of it – for example, tuna fish every day, even chocolates. But people with a "sweet tooth" for sugar filled foods eat one sweet thing after another almost without end and the only thing they will vary is the flavoring. If they don't have any kind of restraint placed on them they run the severe danger of inducing death by starvation. I think that we are going to come around and recognize this problem one of these days and label every box of sugar with a big skull and crossbones. The situation with sugar is quite analogous to the situation with alcohol, a sugar derivative, the dangers of which are widely known. The phenomenon of alcoholics dying of starvation is well documented and generally recognized. There are other poisons among artificial flavorings, color-

ings, and additives, and it is a matter of time until they are identified and the public is adequately protected with knowledge.

Let's turn now to the matter of exercise in pregnancy. The subject of exercise is rather easily treated because there is nothing unusual to say about it for women who have no medical complications. You should take care of your body exactly as you do when you are not pregnant. Every normal exercise that I know of that is healthy for a non-pregnant person is healthy for a pregnant person. There are people who say you should be careful not to lift heavy objects; I confess that I don't understand what that's based on. Of course, people who never lift anything when they are not pregnant shouldn't suddenly get it into their heads to start lifting heavy things when they are pregnant. Obviously you should avoid traumas to the body when you are pregnant, but this is true always: it is never wise to subject your body to a sudden shock that it has not been trained to accept. Otherwise, there are no limitations on what physical activity you can undertake, including bicycle riding, and other sports, regular household work, and your usual daily activities. There is no reason not to undertake them as long as you can manage them and they aren't awkward for you. If you can control your sense of balance and do headstands in pregnancy – then do it! Right up to the time of delivery.

How should you deal with other members of the family when you are pregnant? A big thing is often made of early preparation where there are young siblings at home. Mostly the advice centers on different techniques for preparing a one-year old or a two-year old for the fact that he is soon going to have a new sister or brother. It's generally assumed that the thing to do is to prepare the siblings in advance, and the problem that these writers address themselves to is how to do it. It's my feeling that this is a great mistake. If you compare your attitude towards the birth of another child with your attitude towards other things that might be happening to you in the

future, I think you will see that our perspective is out of kilter here. Let me give some examples. Suppose you have a small child and you are thinking of moving from one part of the country to another. Few people would advise you to sit down and hold a series of discussions to prepare your child for moving. To be sure somewhere along the line a child becomes old enough to be quite aware of the day-to-day activities in the house, and to participate in the decision making; I am going to say a good deal about that later in the book. But I don't think many people would disagree that a one or two-year-old is not going to be very interested in a conversation about moving – it is not going to be relevant to him. He is probably not going to understand what you are talking about anyway, except that he will probably recognize the situation as one that is full of anxiety for him. Taking a small child aside and saying, "Daddy is going to have another job, so we are going to be in a different part of the country. It's going to be a lovely place, with beautiful trees, and sunshine, and new friends. There is nothing to worry about, nothing to get excited about, everything is going to be just fine" – is something, I think, that would be recognized as more likely to arouse anxieties in a child than it is to make him feel comfortable. Yet many people do counsel you to prepare a small child in advance for the arrival of a new baby. I think that's a great mistake. In case after case when I've seen that done I think it has led to the onset of enormous unspecific anxieties in the child.

I have to say another word about that. There are two general kinds of anxieties that attack human beings: specific anxieties and unspecific anxieties. Specific anxieties are those that are related to specific fears that a person has: for example, am I going to have enough money? am I going to deliver a good speech? am I going to be able to do this or that? Unspecific anxieties, by contrast, are generalized states of tension. You cannot pin down what you are worried about, but you worry nevertheless. Unspecific anxieties are by far

more dangerous to well-being and health. When you know what you are concerned about there is a chance that rational thinking will help, but when you have unspecific anxiety, reason doesn't even give you a foothold, because you don't know where to begin. When you are dealing with a child one or two years old, most of the time – perhaps not always, but most of the time – what you are in danger of doing is inducing unspecific anxiety, if you induce any anxiety at all. Small children usually don't have enough experience with causality, or with intellectual analysis, to be anxious about specific things. To be sure, there are exceptions, the most obvious one being a child who is hungry, knows he is hungry, and becomes anxious about having enough food; and he knows that when he eats, that anxiety will be resolved. There are other examples which I am going to be discussing later – for example, fear of abandonment. But most of the anxieties of small children are unspecific, and the danger is that an adult will induce an unspecific anxiety in a small child even when the adult thinks he is dealing with a specific anxiety. Anxiety is contagious, especially among people who have deep emotional bonds. It is contagious among married couples, among siblings, among families, etc. It is an emotional state that gets transmitted via non-verbal channels of communications. Parents or other adults can convey anxiety to children, but it can get worse in the course of transfer to small children because even if it started as specific anxiety in the parent, by the time it gets to the infant it is likely to become unspecific. The child doesn't really understand what you are anxious about, he doesn't know what a "sister" or a "brother" is, he probably doesn't even understand the words. You show him all these pictures of wombs and of infants developing in them and models and babies coming out of their mothers, and all he really sees is that the adults who are the closest to him are terribly worried about something. To summarize, I think that the idea of preparing infants for the arrival of sib-

lings is wrong and can do tremendous damage in the family. At best, what later happens when the baby is finally born is that the sibling who has been prepared in advance says to himself, "Oh, that is what they were so anxious about!" There is a great sense of relief that now he knows what all the concern was focussed on! This anxiety now turns specific—and focusses on the baby! It is almost a calculated planting of inter-sibling problems.

The best thing to do with a small child is to handle pregnancy the way you handle everything else. Somewhere along the line the child may wonder why mother is getting fat. I don't think this happens very often. How many one or two year olds wonder about their mothers or fathers when they gain weight? I think the average small child doesn't notice his mother is pregnant even in the ninth month. He doesn't remember that she used to look thin, like the picture in her photo album. She's mother, she is the way she is and that is all there is to it. If the child should ask, the question should be answered simply, and the subject pursued only as far as *the child* wants to pursue it, not as far as the parent thinks it ought to go. As children get older and become more able to understand what is going on around them and to deal with it, you should treat pregnancy like any other significant event that befalls the family. If you discuss everything together, discuss this too. If you discuss very few things together, don't single out having a baby as the one subject that you will discuss at length. The child will say to himself, "All the other things they never talk to me about, but here is the one thing I don't really care about anyway to begin with, and they are talking about it endlessly. I must be in for something awful." So if you are going to try to maintain harmony in the home, try to keep things on an even keel, by treating the arrival of a baby in the same manner as you treat other important family matters.

Chapter 4

Delivery

The central theme of this chapter is similar to that of the last chapter: that delivering a baby is a healthy, normal, natural process for which the female body, generally speaking, is properly constructed by nature. This has consequences for the mother and for the newborn infant. For the mother it means that a normal delivery is not a trauma but part of her normal life process; for the infant, it means the same thing. I don't know of any normal life process that was designed by nature to be a trauma. There is much discussion about "birth trauma" and its terrible effect on the baby, discussion characterized by considerable projection on the part of the authors who imagine that it must feel awful to undergo the birth process. The theologian's concept of original sin gets replaced by the psychologist's birth trauma, each being a terrible experience that one overcomes seldom, and with difficulty.

What preparation for delivery should a mother undergo during pregnancy? It has become fashionable in relatively recent times to make a big thing of pre-natal courses and pre-natal exercises to get the mother ready for birth, on the assumption that nowadays you need to train a woman to do something natural. Unfortunately, this point of view is not at all absurd in our present culture. In most cultures there is no pre-natal preparation; you just give birth, and that's that. In our culture, because of the enormous build-up that we have given to the terrors of delivery, people have gotten exceptionally tense about the process. It is generally considered a very trying,

painful, and difficult event. This attitude is by no means something recent. It is found in the Bible, where Eve and her female successors are cursed forever to give birth to children in pain.

It has only been in recent years that there has been some movement to remove the anxiety surrounding delivery, an anxiety that should not have been there in the first place and had little to do with the actual natural process. Now, you might think that the accent would be on reverting to an earlier state of relaxation and casualness about delivery. You would think that the people interested in some kind of "natural" childbirth would basically say, "The culture is uptight about delivery, and this is the reason most women have trouble. Therefore, the main thing to remember about delivery is that it is natural and normal and if you relax and don't worry about it everything is going to be just fine." And in fact, if you read some of the very earliest books about natural childbirth you will see that this indeed is their main point. Unfortunately, it didn't quite work. You can't simply undo several thousand years of cultural indoctrination. To be sure, some small percentage of women were able to take the message to heart and be relaxed and have a perfectly normal childbirth. But the majority of women, even those who tried, found that it didn't work, and the reason is obvious: you can't go to a person who has been all hung up about something for years and expect her to relax just because you tell her to relax; it just doesn't happen that way, at least not very often. What, then, can you do? There are lots of possible answers, but the answer that has been adopted by virtually the entire "natural" childbirth movement has been to deflect the uptightness. Instead of having women be uptight about the delivery, get them uptight about something else, and hope in that way to have the delivery go easily and smoothly while they are focussing their worry on something else. To do this, a series of very intricate rituals are developed that the woman is supposed to learn to perform prior

to and during delivery. And they have to be performed just right. There is nothing casual about these rituals; they are specific and detailed. You have to breathe just such and such a way, and push just so hard, etc. When you walk into one of these places you are overcome with amazement: you wonder whether people in an original state of nature stood around with a stop watch timing every breath! But I think one should give credit where credit is due. Most of the women who go through that training nowadays are terribly anxiety-ridden about giving birth, and the vast majority of them attest to the success of the training in enabling them to give birth without pain, and without the need for anesthetics.

One hopes that eventually people will realize, by analyzing what they are doing, that there isn't anything so terrible about childbirth per se. One hopes that we can look forward a few generations from now to the possibility of delivery in a relaxed way without any rituals or any anxieties at all to be hung up on. I think that depends on how fast the general anxiety of the culture toward sex and sex-related matters is overcome. Many women even now in our culture give birth without any recourse to any kind of a substitute anxiety, because they are not anxious about the birth in any way. Often it is easy to trace the reason they are not anxious; usually it goes right back to what they are told by their mothers about childbirth. I know a woman who would tell her daughter, "When I gave birth it was just like giving birth to puppies, it didn't mean anything to me." That made a tremendous impression on her daughter who never had any anxieties about delivery at all.

Where does that leave us? The ideal preparation for delivery is virtually no preparation if you can be completely relaxed about it. Don't give it a second thought. Very few women in this culture are in this position. The rest have got several options. They can try to find a way to become relaxed, which is very difficult. They can try to

find a way to defuse their anxiety – also quite hard. Or they can make do with substitute anxiety rituals. The only question with that option is whether it is worth it, whether it is better to be hung up on breathing and pushing and holding, or better to be hung up on the delivery itself. I think the answer to that is unquestionably that it is better to be hung up on the substitutes, mainly because if you are hung up on the delivery you will probably need anesthetics, and anesthetics are negative influences on the entire delivery process, being capable of introducing serious physiological traumas and psychological letdowns at birth.

Where is the actual delivery going to take place? The very fact that this question exists is a sign of the times. Throughout history, and throughout most of the world today, there is no question about where you have your child; it is like asking where you are going to eat dinner. You ask the average person where he is going to eat dinner and he will think you are crazy; he will eat where he always does – at home. Which goes for delivery too. Where are you going to deliver? Of course, at home, where you do everything else. Western culture only recently came up with the idea that the right place to have babies is in the hospital. The reason given by doctors today is that this is done in order to save lives, because of the possibility of complications that threaten the life of the mother and/or the infant. They point to the death rate of mothers and children at birth that occurs when emergency care is not available. The fact is, however, that there is no reason the same emergency service cannot be made available at a much lower cost with mobile units attending home deliveries, and rushing the mother to the hospital on the rare occasions this is necessary. The only advantage in hospital delivery is that it is more convenient for the doctor. The disadvantages are enormous, including the simple one that the care is actually much worse. I think the introduction of hospital delivery has been on every count

a serious disadvantage to the newborn child and to the mother who has just given birth.

It is very difficult to find doctors who will agree to deliver at home, but the tide is slowly beginning to turn. There does seem to be a small growth in demand, and the idea of decreasing the level of in-patient care is beginning to take hold in certain medical circles. I think that in many places nowadays if people really want delivery at home they probably can get it. But again, the situation is similar to what I wrote about earlier: we have been so terrorized by the medical profession that most people, even when they know what they want, can't quite get themselves to take the last step, or don't have the energy to fight to get somebody to do it. The only hope is that in time, when enough people insist on it, it will become easier to get.

Delivery is a remarkably compact process, physiologically speaking. At a certain time, when the fetus's development has reached full term, the body undergoes certain very rapid hormonal changes which constitute a series of triggering devices. These set into motion all the muscular reflexes and actions that are required to effect, among other things, the expulsion of the baby out of the womb, the expulsion of the placenta afterwards, the cessation of bleeding, and the initiation of the mammary glands' functioning. All of these are triggered in a relatively short time. We don't fully know what the trigger is, but the entire process from beginning to end is one that takes a few hours, although some periods of labor take much longer.

The word “labor” to describe what happens to the body prior to giving birth is a rather unfortunate one, because it suggests that the process inherently involves a great deal of pain and discomfort. Let me put it this way: when an athlete gets ready to compete in an event where he is going to have to call on all his muscular tone and coordination and strength to do everything right, he will always undergo a warming-up period, when he prepares all the muscles that he needs

to use during that event. I've never heard anybody talk about that warm-up period in painful and derogatory terms, even though it always does involve a certain amount of effort and strain. In other words, before a massive muscular activity takes place, whether it has to do with sports or with childbirth or with work, it is essential that the body prepare the muscles rather than suddenly forcing upon them a strain that is beyond their capacity. This is exactly what the body does automatically and unconsciously during what's called "labor." Delivery itself consists of an enormous effort, especially for the muscles of the womb. The body prepares for it with a series of tuning up exercises which are all triggered automatically by hormones. That's essentially what the various stages of labor are. The body actually starts working on it many weeks in advance. You can feel contractions in the uterus several months before full term. In the weeks preceding birth there are often long periods when you get methodical contractions and relaxations which are basically exercises of the muscles of the womb; sometimes women have the feeling that they are about to give birth, and the process is called "false labor." The exercises continue until your body is perfectly ready for the final strenuous activity at the actual delivery.

The very last stages of labor – or alternatively, the very first stages of delivery – consist of the fully exercised uterus making several large contractions which are designed to expel the baby through the birth canal. The body takes great care to make this a smooth and safe ride for the baby. The contractions take place evenly throughout the womb. The birth canal itself relaxes and spreads, to allow passage of the fetus. What people are now coming to realize is that the tight passage of the fetus through the canal is an important component of the birth process for the baby, because it gives the baby a vigorous head-to-toe massage to tone up the baby's muscles for independent existence outside the womb.

Let's go back for a minute to review this particular point. From about the third month, the pregnant mother feels the fetus "kicking" and moving around. Its exercises are rather random; they consist of moving arms, feet, head, back, etc. They are fairly frequent, and are the means for developing muscle tone and control in the growing fetus. This business of "tone" that I keep stressing is important because it is not only essential for maintaining a healthy, strong physique, it is also related to all the other tones of the body – for example, to the tone of the veins, of the arteries, of the lymphatic ducts, all of which are needed to keep the body functioning smoothly. Tone also involves the ability to breathe well. In general, if you have poor muscle tone, you will not be delivering enough nutrients to your body and not taking off enough waste. Your brain activity too suffers, along with all other physiological functions. The idea that a healthy body is important to a healthy mind is true physiologically too, not only psychologically.

One of the important things that happens to a newborn infant is that first massage it gets in the birth canal. You can tell the difference, for example, between babies born in the usual way and babies born through a caesarean section; the general state of health of the latter is worse, especially in the early days, for this very reason. Babies born under anesthetic are also worse off, not only because some of the anesthetic gets into the baby, dulls its reactions, and affects its nervous system, but also because of the effect of anesthetics on the birth canal, over-relaxing it and reducing the pressure exerted. The baby needs the pressure, it needs the thorough, strong massage that it gets as it emerges from the canal in natural delivery. Indeed, it is a striking experience to be at a completely natural delivery and to watch the baby emerge vigorous and active from the birth canal, able to move, to use its lungs, voice, arms and legs. To summarize, then, the first stages of labor consist of strong contractions throughout the

womb, and the delivery itself takes place when the contractions force the fetus through the canal. The entire process has been prepared for during labor so that the mother is ready for it without any trauma to her body; and the process is important for the baby because it receives a head-to-toe massage to start it off in life.

When the baby emerges, it is still tied through its umbilical cord to the placenta. One of the things that has become customary in Western medicine is to cut the umbilical cord immediately after birth; doctors seem to be in a great rush to do this. In many cultures, and often in midwife-assisted delivery, the umbilical cord is left intact for a long time, until the placenta has been expelled. Medical science is finally coming to realize that there should be no great hurry to cut the cord. It's an interesting story. A lot of veterinarians were delivering fine thoroughbred race horses that were dying, until they realized that they were cutting the umbilical cord too early; it was important to wait until the mother cut the cord by chewing it, which she did quite a while after birth. The reason for this turned out to be that there was still blood left in the placenta after the birth, and this blood was still being pumped into the newborn colt. When the veterinarian cut the cord right after delivery, the colts were being deprived of a certain portion of their blood supply and were dying. It turned out that some "blue baby" deaths that were occurring in hospitals were related to this early cutting of the cord and the fact that the baby didn't have a sufficient blood supply. Therefore people have begun to realize that the cord should be left intact until very late in delivery for the purpose of getting all the available placental blood into the baby.

One of the most important things at delivery is to have the newborn infant start nursing immediately upon delivery. Here again, this is what happens with mammals in general in the animal kingdom. The normal instinct when a baby is born is for the mother to suckle

it; the baby is born ready to nurse, and it knows how to do this immediately, the minute it is born. Nursing at birth is important on many counts. It's important for the mother because it starts off the final phase in the development of the mammary glands; this is something I will discuss further in the chapter on nursing. Second, nursing at birth induces the uterus to expel the placenta in the normal way. The actual suckling triggers strong contractions of the uterus which achieves this quickly. Furthermore, these contractions seal the blood vessels in the uterine wall, thus preventing excessive bleeding after birth. As soon as the baby is put to the breast, the womb almost turns into a knot, the placenta emerges and there is almost no bleeding afterwards. If you don't put the baby right to the breast, the uterus is deprived of that trigger and stays more relaxed, with the result that there is frequent occurrence of severe bleeding and a longer time elapses before the afterbirth comes out.

The importance to the baby of nursing immediately after birth can't be overestimated because this serves to establish the nursing instinct immediately. As we will often see in our discussions, it is possible to suppress an instinct by not allowing it to come to fruition. Instincts are not as strongly embedded in the system as are reflexes. Reflexes are fully programmed, in detail; as long as the nervous system is functioning normally, the reflexes work. Instincts are not programmed that thoroughly, and it is not as difficult to undo them. This is true of all instincts – for example the maternal instincts, and the nursing instincts in infants. If an infant is kept away from the breast long enough, it won't even know how to suck properly. An infant taken away from the breast even as long as overnight will almost invariably become apathetic to the breast when put to it the next day. People who work in hospitals know they will have to take the infant the next day and wake it and slap it and put it to the breast several times and rub its cheeks, all in order to get the instinct geared

up again. But you never have any problem that way if you put the infant to the breast immediately at birth because that gets the instinct going perfectly at the moment it was supposed to.

It is truly amazing how poorly hospitals are set up for this one simple and important procedure. The whole design of the delivery table is fantastic. To begin with, the supine position for giving birth is probably not the most comfortable one for the vast majority of women; in much of the world a sitting or squatting position is both more comfortable and more convenient. Then, the tables are terribly narrow. There is no room to move, which is the point – the mother is usually firmly strapped in. But the worst part of it has to do with what we are talking about now: the delivery table is not wide enough to put the baby on. It is actually dangerous to put a newborn baby to breast on a hospital delivery table because the baby is slippery from the protective cream covering it at birth, and the chances are pretty good that if you just give the mother the baby it would slip out of the mother's arms and fall on the floor. So unless you have somebody around to hold the baby to the breast – the husband or an extra nurse – chances are you can't get the baby to nurse even if you want to.

It is worth dwelling for a moment on the seemingly unimportant fact that the baby is born with a creamy liquid coating its entire skin. You might think that people would let well enough alone and figure that there is some useful purpose for this covering. But the instinct of our society is to improve on nature time and again, so the first thing done to babies is to have them "cleaned." The entire protective cream is carefully removed with detergents and antiseptic solutions so the baby will not be "slimy." Then later, in order to "protect" the baby's skin, some kind of cream or oil is rubbed on all over – not a slimy coating, but one that is smooth and "pleasant" to the touch. The result is, of course, that the baby is nowhere nearly as well protected as when it was born. Recently somebody decided to take a

closer look at this cream that surrounds a newborn baby and found that it has, among other virtues, built-in antiseptics that protect the skin against bacteria. In fact, the longer the original covering is left on, the longer it protects the baby's skin, what has obviously undergone quite a transition from an all-liquid environment in the uterus to an air environment outside – a transition that clearly would have a tendency to dry out the skin and make it scaly and prone to rashes. The longer you can leave the cream on, the stronger the chance that the skin will make a normal adjustment to its new environment.

Let's turn, now, to the situation during the hours after delivery has occurred. To me, that is one of the most critical periods in the lives of all the people involved. For the mother, giving birth is obviously a tremendously exciting and exhilarating experience. There is probably no moment when the maternal instinct is stronger. This is something genetic, something that occurs widely in the animal kingdom. All of the instinctual apparatus is operating at full blast to take care of the newborn infant, to be involved with it, to have it physically under the mother's protection. *These instincts can be properly activated only if they can be acted on immediately*. The situation is similar with the baby. A human infant is born just about totally helpless. Virtually all of its instincts and reflexes are focussed on its mother, primarily for the purpose of suckling, of being in physical contact with its mother, and of receiving care and attention for all its needs. These instincts, too, need immediate activation to assure their proper, normal functioning at a later time. During the first few hours after birth, then, both mother and child have very, very strong root instincts that bind them together physically: the mother, to protect and take care of the child (even though she might be exhausted from the effort and excitement of delivery), and the child to be protected and cared for.

I must digress here briefly to say an additional word about instincts, and in particular about what happens when they are not allowed to operate normally. First, we have to distinguish between instincts and reflexes; the two are very different. Reflexes are relatively simple behavior patterns that are programmed to last permanently, and are extremely difficult – almost impossible – to break, unless there is some physiological damage done to the system. Instincts are much more complex behavior patterns; in fact, instincts are inherited *guides* to behavior, rather than specific sets of actions. In order for instincts to function properly, as they were intended to function, they must be allowed to operate freely and fully. Practice makes perfect; repeated realization of instinctual tendencies reinforces them, enabling them to feed back on themselves to create a stable behavioral framework. If by some means an instinct is suppressed, the instinctual behavior pattern can actually be terminated, and the organism undergoes a degree of trauma at having a normal behavior pattern arrested. Traumatization occurs because the animal is genetically programmed to behave according to a certain general pattern, and it is running counter to the program.

In dealing with the very strong instincts operating at birth, you can do considerable damage that has long lasting effects. If the mother is separated from the child at birth (which is the standard procedure at hospitals), if the first few hours of the life of the infant are spent away from its mother, both parties pay a tremendous price. The mother is deprived of the period in which the maternal instincts operate most strongly. At a time when the mother is most eager to protect and care for her child, she is not even allowed access to it. This constitutes a tremendously powerful suppression of strong instincts, one which traumatizes the mother at birth and disrupts the continuing operation of the maternal instincts. To an extent, this is partial and reversible, but it may lead to a disturbed relationship

between mother and child forever after. Much depends of the length of time of the separation, and on how long the periods of being together are. If, for example, mother and child are apart only a few hours at a stretch, the instincts can gear up again to a level close to normal, although they never achieve their full natural operation. If the separation of mother and child lasts for the better part of a week (except maybe for an hour here and an hour there) I think it is likely that a high degree of permanent impairment of instinctual behavior is attained; and the normal relationship between mother and child is replaced by a culturally determined pattern of behavior largely dependent on reason and intellect. The cultural behavior patterns may be very strong, but they emanate from a place other than the natural, hereditary, evolutionary nature of the human species.

I don't think that this point can be emphasized enough. Enormous damage is perpetrated on the attachment between mother and child in this culture, and it's not an accident. It is part of a methodical attempt by our culture to break or weaken family ties, which tend to bind people in close-knit relationships, and replace them by functional ties that foster loyalty to an institution, to a country, to a job, or to an ideal, so that people can feel closer to others with a common interest than they do to people who are natural relatives. Sociologists usually talk about this in positive terms. For example, you can read analyses of underdeveloped countries which talk about the necessity to break up tribal and family structures in order for these countries to emerge into the modern age. Actually, what they are saying has little to do with the "modern age." What they are really talking about is bringing these countries into the mainstream of the Western cultural tradition, as opposed to the local cultural traditions that prevail in their societies. To achieve this they have to methodically destroy family ties and replace them with something different. The first and hardest blow comes to family ties

at birth, and it is marvelously effective. At a time when all the family instincts are strongest, if you disrupt them you are already ahead of the game.

For the child it is probably even a greater trauma than for the mother, because the mother is an adult who can employ her intellectual, rational (and even emotional) apparatus to try to cover up for her loss. She sort of "knows" that she ought to feel warm towards her child, so she can try to institute behavior patterns that are warm and supportive. The newborn child doesn't have this intellectual and rational apparatus to work with at all. The child is left with nothing but the trauma of being unprotected. It's as simple as that. Instead of the breast and the body that the child expects to experience at birth, the child experiences an overwhelming sense of insecurity and abandonment. What that does is perfectly obvious: it starts life on an insecure note. It opens the door to replacing the security that the mother should provide with substitutes provided by other institutions, and it introduces an element of distrust between the child and the mother. The distrust can be profound: the child may well feel that it will not be able to wholly rely on its mother's protection ever again. In summary, I think that it can be said that separating mother and child shortly after delivery sows the seeds for parents not adequately caring for their children and for children not fully trusting and relying on their parents. I think you can go right back to those first few hours and say: that's where it started. And the culture intended it to happen that way.

What I have said about the mother-child relationship applies, perhaps to a lesser degree, to relationships between other members of the immediate family. There is no question that there is such a thing as a paternal instinct, in addition to the maternal instinct; and also, that there are mutually protective instincts operating among siblings. It is not at all clear whether these instincts are limited to blood

relatives or are operative generally in situations where psychologically healthy human beings encounter other more helpless individuals. At any rate, such instincts exist, and their operation is unforgettable if you have been fortunate enough to observe them. The presence of as many members of the family as possible at birth is a key factor in activating these instincts within the family. This is one of the moments in the life of the mother, for example, when she looks for support and for someone to share her excitement. Who can she turn to? The obstetrician? Obviously not. This is the typical situation where years of relationships and close ties count most heavily. This is exactly where a husband, or a child, or other intimate companions are wanted. Yet, in virtually all hospitals, families are not allowed to be present at and after delivery, and it is even an exception to the rule that the husband is allowed to attend. As a result, at a time when the support and presence of close ones is most desired, they are not there. In a similar vein, you read a lot about husbands being jealous of their children because the children take the mother's attention away from them. But you need only examine the situation to understand what is going on. The father, too, is filled with the expectation of birth. He too has lived through the nine months of pregnancy, and it has affected his life as well. Finally, at the moment when he is most geared up to receiving the new life that he sired, to helping and supporting it and caring for it, what is he doing? Waiting outside in the waiting room! It is a caricature, and a vicious one at that. And all that applies to the father can be said equally well of siblings and other close relatives and friends. This is a time when families want to be together most of all, when they want to experience as a family the great new event that is occurring to them as a family. It is something that you sense in families when other momentous events happen, not only at childbirth; there is always a tremendously strong drive to be together, to undergo the experience together.

The prevailing attitude in Western culture today is for families to be separated at delivery, and in particular the siblings are almost never allowed to share in it at all. Often, with much effort, you can somehow get the father into the delivery room, but children are ruled out. Children often aren't even allowed in the hospital if they are below age twelve or fourteen, nor are they allowed to visit their newborn sibling as long as it is in the hospital. It takes little imagination to realize what this deprivation does to the psychology of a young child, to have a big event going on that everybody else is excited about but he can't have anything at all to do with. If you want to look for the roots of sibling rivalry and hate, seek them in the heartless shattering of family togetherness that takes place at the birth of a new child. In fact, this is another crucial reason to have delivery take place at home, if at all possible. There, it is easy to arrange for the family all to be in on it and enjoy the entire experience together. Nevertheless, even when the situation requires delivery to take place at a hospital, it still may be possible – with a monumental effort on the part of the parents – to obtain concessions from the hospital to have the family together at, or soon after, delivery. If the delivery was uncomplicated, get out of the hospital surroundings just as fast as possible. This can be a matter of hours. If complications require a stay, move mountains to have family access to mother and child.

Just a word about the situation at home after delivery. A newborn baby is not as fragile as it may look to an inexperienced person. To be sure, it has to be handled carefully, but it is a rugged creature quite strong enough to put up with being dragged around and handled. I guess the best antidote to over-anxiousness is a visit to a zoo which has newborn animals. It is really something to see how animals treat their infants, with a combination of care and ruggedness. They drag infants by the scruff of the neck, and they pick them up and sling them under their arms or toss them over their shoulders.

It is all done gently, but hardly the way you handle fine crystal glass. Human babies are much the same. As for the mother, I think that care should be taken to make life at home comfortable until she can return to the regular routine. It's a hard line to draw between making a mother the "queen bee," and involving all members of the family in some sort of a reasonable sharing of responsibility during a somewhat unusual short stretch of time. It takes a lot of judgment to figure that out, neither to overdo nor to under-play the attention given mother and child in the first few weeks.

Chapter 5

Nursing

Man is a mammal. He belongs among the animals that nourish their newborn young with milk, produced in the mammary glands of their mothers. Evolution has equipped the mother to provide all of the nutritional needs of the newborn until such time as the young are capable of fending for themselves and subsisting on adult foods. This means, in particular, that the mammary glands can produce or extract from the foods the mother ingests all the nutrients necessary for the growing infant.

Indeed, the relationship between the mammary glands and the mother's entire metabolic framework is such that the mother's body gives first priority to providing the nutrients necessary for the child as long as any at all are left in the mother's body. As a result, even in cases of extreme deprivation for the mother, the last to suffer is the suckling infant because the mother will literally starve to provide for the infant; you only find starvation occurring in suckling infants when the mother has already been starved. That is a remarkable phenomenon, one that makes it possible to cope with the vagaries of an unstable food supply. Since all food supplies in nature are unstable, survival demands that you have a system that can smooth over the fluctuations in the mother's diet in order to provide the infant with a stable diet, because the adult animal has reserves which can tolerate fluctuations, whereas a growing infant has few reserves and cannot.

There is another interesting corollary to what I have just said: namely, it is almost impossible to deprive an infant of its necessary nutrients if it is being suckled as it expresses its need. This fact is to be compared with the situation in artificial feeding, where you are constantly running the risk of depriving the infant of necessary nutrients because you have to make a conscious effort to provide a balanced diet for the infant. Now, given the fact that nobody really knows what a balanced diet for an infant is (because science has not advanced far enough to know what a balanced diet for anybody is), it becomes extremely difficult to put together an artificial diet that you can be sure is going to be appropriate for an infant. So I would say that artificial feeding is an extremely risky matter as far as giving the infant its nutritional needs is concerned. Paradoxically, the opposite point is made in the usual childrearing manuals. Most of these will insist that a baby fed exclusively on breast milk will suffer all kinds of dietary deficiencies, especially after the third or fourth month, and they will lead you to believe that a baby that is six months old and isn't being fed outside food regularly is just about on the verge of some kind of catastrophe.

In this connection, I would like to mention a fascinating study that is unique in the annals of nutritional science. It is a study made of what happened to children born to Dutch mothers during the famine of 1944. When the Allies were attempting to liberate Europe there was a halt in their advance due to factors which have been much debated in the literature. This halt had tragic consequences. It left the Allied armies short of the major cities of Holland and Belgium at a time when the populations of these cities had not expected a delay. As a result, they had made no preparation for the Winter and, when the Germans stopped providing these cities with food, a great famine ensued during which tens of thousands of people died of starvation. One of the unusual features of this situation

was that there were many physicians included among the starving people who knew that this was a unique opportunity to conduct a scientific study of a population undergoing starvation. Shortly after the war, the Dutch published the results of these studies and, from time to time thereafter, they have performed and published long-term followup studies. One key question was whether the extreme deprivation experienced by mothers in the months after delivery was reflected in any way in their offspring. These studies have shown no detectable difference between the children of starved mothers and the control population taken from sections of Belgium and Holland that did not undergo the famine. Since this was a very detailed study made with a sizable sample, we can now say that we have adequate documentation of the statements I made in the opening paragraphs of this chapter.

Very few studies were made until recently on the detailed composition of breast milk. That sounds odd, but even people who made up baby formulas relied on imprecise estimates of the various components needed by infants. During the last few decades, detailed analyses have been made and it has been found that breast milk differs radically from any formula milk you can make to substitute for it. Furthermore, breast milk is uniquely tailored to the digestive system of the human child. That means that the composition of breast milk is such that it is perfectly linked to the ability of the child's digestive tract to break it down, extract the necessary nutrients from it, and expel the waste products, all in a normal healthy manner. You can see this clearly by comparing the stool of children who are and those who are not breast fed. You can recognize the stool of a breast-fed baby easily; it has a characteristic bright yellow color, a slightly sweet fermented odor to it, and is smooth and rather loose without being diarrhetic. The minute you feed an infant other foods the stool changes, virtually always in the direction of becoming darker, foul

smelling, and blotchier in composition. You can give a child just one glass of orange juice in the morning to get the vitamin C you are sure he is not getting out of his mother's milk and you can see immediately from his stool that his digestive system is reacting to it in a way that is not comfortable.

If we were living in a natural environment, we wouldn't have to mention any of these matters because there is a very strong nursing instinct in the mother and suckling instinct in the infant. The human species is perfectly equipped for the situation and there would normally be no more need to go into details than there is to know the chemistry of digestion in order to eat: it is something that one does in a naturally healthy way if you have a naturally healthy environment. Unfortunately, what you have in our culture is an extremely abnormal situation in which it is almost impossible to find examples of natural behavior in nursing. Just how bad the situation is with nursing, I think, can be brought home from observing mothers who do nurse. Let me go into this a bit. Until a few years ago, most mothers simply didn't nurse, and this goes back a couple of generations. There was a tremendous movement away from nursing for the kinds of reasons mentioned earlier, primarily to break the dependency of the mother on the child and the child on the mother, and to free the mothers' time for other activities that are more suitable to a technological society. In order to use women in the way society wanted, it was imperative to render women capable of running according to a clock, just like the rest of society. For, if the female half of society is incapable of running like a clock, then the society as a whole will not run like a clock. So nursing went by the boards, and artificial feeding became the norm.

What has happened in the last few years – the attempt to return to a more natural state of living, and the consequent rebirth of interest in nursing – is similar to what we talked about concerning natu-

ral childbirth. Basically, the best the culture has been able to do has been to substitute one set of neurotic behaviors for another. In nursing, the situation is worse and it has worse consequences. What has happened is that there is a trend to view the breast as a kind of attached bottle, in the sense that it is used, manipulated, and controlled in the feeding process much like artificial feeding would be. How often do people say that they are going to nurse their baby, and then add that they intend to do this for two or three months; or "Of course I intend to nurse the baby, but I will have to give it a bottle in the middle of the day because I'll be working"; or "I'll give it a bottle when the baby sitter comes"; or "Of course I'll nurse the baby, but I'm going to keep it to a schedule." In other words, you get the idea that for one reason or another it is nice for the mother to have an "attached" bottle, but the breast is not really going to be used in a way that permits the mother to fulfill her natural instincts. For example, after delivery the newborn infant is brought to the mother in the hospital at fixed intervals for feeding. Even in rooming-in situations, the baby is deposited in a crib near the mother's bed and lifted out by an attendant to be fed at the mother's breast at fixed intervals. Indeed, hospitals usually discourage the mother from taking the baby out of the crib when it cries because that will "spoil" the baby right from birth. So I guess the main theme that I want to stress throughout these comments is that the only way to get all the benefits out of nursing that evolution has put into it is to allow the natural course of events to take place undisturbed, in their pristine state; and that doing the nursing thing mechanically, the way you would do artificial feeding but substituting a breast for a bottle, does not fulfill either the instinctual requirements or most of the other evolutionary requirements of the mammalian state. With that in mind, we can now proceed through a series of specific topics.

Let's start with the so-called "preparation" of the breasts for

nursing. You will find a lot said on how the breasts should be prepared during pregnancy for nursing. All sorts of procedures are recommended: some say you are supposed to oil them regularly, others stress how important it is not to let the nipples dry out in the days after delivery, a lot is said about soreness. In fact, a mother who conscientiously follows the advice of various pro-nursing groups will find herself going through quite a routine of breast care just in order to make it as a breastfeeding mother. In effect, this is all a substitute for the elaborate care one has to take of bottles. It is as if the mother, having been deprived of all the fussing of artificial feeding, needs a substitute while breast-feeding.

Now, ask yourself: What's going on? Where did all this come from? Let's take a simple example. You know very well that if you go to a remote tribe and find a woman who has just given birth she will not be sitting there with thirty five different ointments rubbing and massaging her nipples. You ask yourself, aren't her breasts sore? Aren't her nipples cracking? Of course the answer is that some women may have some soreness sometimes, depending on the weather or their health or other factors, but the neurotic focus isn't zeroed in on that. They just learn to take it, just as we learn to get used to our lips occasionally being sore and dry. I would say that it is a good bet that the human body excretes the oils necessary to keep the breasts properly cared for, without Johnson and Johnson's help. It's a good bet that – except for pathological situations where serious medical help is required – a mother nursing her child will not experience harsh or long-term discomfort if the nursing is performed in a way in harmony with the woman's natural biological situation. On the other hand, I think the likelihood for irritating the breasts by using external artificial oils is rather high. Indeed, the more you oil them and massage them and worry about them, the more likely you are to find that they are sore the next time you nurse the baby.

The one exceptional factor that may make special breast care necessary is, of all things, the brassiere. Breasts covered with a bra may become tender because they do not have sufficient access to the air. In many cases a bra also irritates the nipples so that when they are subject to the baby's suckling they become sore. The best way to treat this is to expose the breasts to air for long periods of time. That's the best cure, much better than any ointment: but there are times when that can't be done and you do have to resort to some kind of external cream as a clinical counter-measure to the bra-induced tenderness.

How is the new milk supply established after delivery? A lot of times women don't start nursing regularly immediately after birth because they don't have milk yet. The first excretions from the breast at the time of delivery are a clear yellow liquid called colostrum, which gradually develops into milk over the period of a few days. This colostrum contains some nutrients, but even more important, it is absolutely loaded with antibodies from the mother. A baby who is breast-fed from birth is well protected against disease because all the antibodies from its adult mother are present in the baby in full force. This is a remarkable evolutionary mechanism designed to protect the baby until it can develop its own antibody system to cope with exposure to disease and germs. In fact, it is essential that the baby get this material for normal, healthy development. The only way you can protect the baby if it doesn't receive maternal antibodies is to put it in practically sterile isolation. Indeed, many people almost do this with psychological consequences to mother and child that do not require much elaboration. On the other hand, a baby that is allowed to nurse from birth is so well protected with antibodies that it can be allowed normal exposure to its surroundings. There is no reason to keep people away from it, or to create around it an aseptic, hospital-like environment that is sterile in every way.

As time goes on, the milk supply is established, containing a completely balanced diet for the infant. The process of establishing a milk supply involves a subtle feedback mechanism between mother and child. The milk supply is not something that develops in an absolute, fixed way, marching from one predetermined stage to the next regardless of externals. Instead, you are now dealing with two systems, the baby's system and the mother's system, and the two gradually learn to adjust to each other's workings. The mother's system learns to provide enough milk, in the quantities and at the intervals that the baby usually wants it and the baby's system, in turn, learns when it is going to receive how much from the mother. This process of mutual adjustment involves feedback between the systems, and it can take anywhere from a few weeks to a few months to establish a state of smooth functioning and quick response in which the mother always produces sufficient milk to meet the baby's needs.

Let's understand clearly what feedback is. Initially the mother may over-produce milk so that her breasts are engorged. The baby will drink just part of that milk because there is too much for its needs. Feedback cuts down the further production of milk over the next period of time, so less milk is available. The next time the baby nurses, there may not be enough milk because production has been too inhibited, so the baby quickly drains the breast and is not really satisfied. Since the breast is nearly empty it starts producing as much milk as it can, and since the baby didn't have quite enough to eat, it is going to get hungry in a shorter period of time than it would have gotten if it had eaten all it wanted; so it goes back and nurses earlier than usual. Now the breasts will be drained twice running, so they produce a lot of milk again and get engorged; and so it goes. Slowly, the mammary glands adjust themselves to produce enough milk each time to get drained without over-producing or under-producing, until both baby and mother are content with the amount produced.

The final state depends on the baby's size, its stomach capacity, and its metabolism, and even after a steady supply is established, you may have some rather odd fluctuations due to illness, or strain, or unusual circumstances of any sort. The feedback mechanism allows the supply always to re-adjust quickly to the need, whatever the situation.

You often hear women say that they didn't nurse because they didn't have enough milk. It is difficult to understand where such an idea came from. Virtually all women have enough milk to nurse their infants. One source of this notion is women who nurse with a nearby scale – something that hospitals love to encourage. The baby is weighed before nursing and after nursing ostensibly to find out if it drank enough milk. "Enough milk" means a quantity comparable to the number of ounces the baby is expected to drink when fed with a bottle. Someone decides how much milk a healthy baby of a given age will drink and that becomes the amount that healthy babies are supposed to have. If the mother of a breast-fed baby is found not to provide that amount at each feeding it is concluded that the mother doesn't have enough milk. At that point, steps are taken to supplement the feedings, a procedure which is guaranteed to reduce the amount of milk produced by the mother because it interferes with the natural feedback mechanism. As soon as the baby's intake is supplemented by outside food, the baby is not going to eat what it really wants to eat from its mother's breast and, before long, the nursing phases out. The whole thing is a self-fulfilling prophecy since, after a while, the mother doesn't have any milk at all. Another source of the myth has to do with ascribing all problems to not having enough milk. Anything that goes wrong with a breast-fed infant is said to happen because the mother doesn't have enough milk. If a nursing baby screams, or seems to be in discomfort, or complains, or has almost anything at all wrong, nine people out of ten – including pediatricians – say, "Maybe you don't have enough milk." When the baby is

bottle-fed they have to think of another excuse, but if it is a breast-fed baby it is always that the mother doesn't have enough milk.

In reality, except in rare cases where, for some pathological reason, the mother is not producing milk and is demonstrably incapable of producing milk, there is no such thing as a mother not having enough milk. It is important, however, to realize that there is an enormous variation in the amount of milk that different mothers produce. This variation is a product of the feedback mechanism that we have talked about, and it has to do with the baby's metabolism, the mother's metabolism, the fat and protein content of different mothers' milk, and a host of other factors.

The question is: how do you establish a healthy, smoothly-functioning, mutually satisfactory feedback situation? The answer is the basis for the concept of demand feeding: you feed the baby whenever it wants the breast. If that happens, the baby will finally learn by experience how often it really wants to eat, and the mother will respond by producing the right amount of milk each time. On the other hand, any attempt to impose an external schedule on the baby – a schedule that is related to any clock other than the baby's biological clock – is going to lead to an erratic milk supply; there is just no getting away from that because the baby's physiology is not being taken into account adequately. Sometimes the baby is going to be very hungry, and sometimes it is not going to be hungry at all; the situation is always going to be erratic. As a result, women who try to nurse according to a fixed schedule will rarely have a stable milk supply. This is a very important point, and it is contrary to the opinion offered in many nursing manuals. The manuals give you the impression that the way to establish a regular milk supply is to have a regular schedule whereas, in fact, you've got to be prepared to give the baby the breast any time he wants the breast in order to establish a long-term comfortable equilibrium maintained by a smoothly func-

tioning feedback process between mother and child.

Despite all the talk about feedback and not scheduling, the average mother often still finds herself asking: What is the "normal" frequency with which the breast-fed babies will nurse? Are they normally going to nurse every three hours, every four hours, or what? And lurking behind that question is the hope that people in our culture seem always to have, that they will achieve some kind of linear, technological existence while still being "natural." The fact of the matter is that there is no answer. It is simply not true that babies and mothers who are perfectly at ease with each other about feeding will eventually reach a regular schedule, or one with long intervals between feedings. One baby may feed on the clock every four hours, five hours, six hours, three times a day, four times a day, or even sleep through the night – all the "wonderful" results you can get from scheduled bottle feedings. Another baby, with an equally comfortable long-term relationship with its mother, might be nursing at completely erratic intervals, once after two hours, another time after four or six hours, sometimes several times in a row after an hour and a half. The one thing that can be said is that the situation varies widely from one baby to another, which should come as no surprise to anyone who realizes how widely the personalities and metabolism of all people differ. However, no matter how erratic the schedule is, once the nursing has been established, the feedback between the mother and the child ensures that both will be comfortable virtually all the time. There will rarely be engorgement in the mother, or any signs of excessive hunger in the baby. So what looks erratic to an outsider has obviously transformed itself into a natural rhythm within the mother-child system, which is what is really important.

The details of the suckling action of a baby are rather surprising. Most people think that babies extract milk from the breast by suction, as one drinks through a straw. Actually, nursing is much more

related to the tongue's action than to suction. The infant's tongue milks the breast much the way cows are milked by hand, through a pressure motion along the breast that forces the milk out of the breast. The tongue can grab the base of the nipple and work its way down very quickly; if you watch a suckling infant you can see, under its chin, the tongue's undulations. This ability to milk the breast with the tongue is instinctual, and is lost with age; adults can't do it even if they try. There is some suction created in the course of nursing, but the main milking action is one of pressure.

The other common misconception about nursing is that the breast is passive. Actually, the breast is an active participant in the whole operation. There are small muscles around the milk ducts that help by forcing the milk down to the nipple. These muscles are activated when the infant touches the nipple, and even often when the mother thinks about nursing or the baby cries for the breast! This is called "the let-down reflex," and is often out of balance in the early periods of nursing before the equilibrium has been established. The breast can literally drip like an open faucet in the early months. When this occurs, suction plays a very small role in the baby's nursing. Mostly, what you have is an active breast lowering milk to the nipple area and an active tongue milking it out of the nipple.

Something that is often a matter of discussion is how to hold the baby during nursing. It is surprising that a subject like this even has to be talked about, but we have come so far from a natural way of handling people that it is necessary to mention something about this. The most important thing is for the mother to be comfortable and relaxed; if this is so, the baby will be comfortable and relaxed too. It is the mother who is the determining factor. There is no preferred or proper position for nursing. It is possible to nurse standing up, it is possible to nurse lying on your side or on your back, and I have seen some other mighty peculiar configurations, but the only

thing that is really critical is that the mother won't be strained. It is a matter of taste. What usually leads to strain or exhaustion is tension in the mother. Also, if the mother is tense, the infant will also be tense and will often not nurse properly or drink enough. It will break off early, and may get cranky and develop an upset stomach to boot. Closely related to this is how long the baby should nurse at each given session. This is another topic that a tremendous fuss is made about. The situation is reminiscent of others we have already discussed. Many manuals on nursing that urge you to nurse, and give you all sorts of helpful hints on how to make it work, also give explicit instructions on the length of time each session should last – for example, the first time the baby shouldn't be allowed to suck more than thirty seconds, then at the second nursing you can go up to two minutes, the third nursing up to four minutes, and so forth; and make sure the breast you end with the first time is the one you start with the second time, because it wasn't so empty and you are going to have to empty it, etc. There is a whole ritual concerning how to do the thing just right. Finally, when you get down to the end of it, you find it is essential not to let the baby ever nurse more than fifteen minutes because it is perfectly clear that by then it has gotten all the nourishment it needs and there is no milk left anyway, and therefore the further nursing can serve no function. In my opinion this whole stress on timing is neurotic, as are all similar prescriptions: the baby does not need a stop watch, nor does the mother, to determine the proper length of time. Children will release the breast when they are done. They will go to the breast to fulfill certain functions, one of which is feeding, others of which I will discuss later. When finished, they will leave the breast and that's about all there is to it. The same applies to worries about one breast being empty and the other breast not. Because of the feedback mechanism, if you don't put the baby to one breast then that breast won't produce new milk; the milk

inside doesn't spoil because it is not refrigerated! The next time around, the child can nurse from the breast that hadn't been used before, while the other one is filling. The only concern is that the mother not end the feeding with one breast uncomfortably full.

When should you stop breast-feeding? I am not going to go into anything extreme; for example, if mother or child encounter some enormous emergency, it can easily mean the end of nursing, as when one of them is in a serious accident and has to be in intensive care for half a year. Nursing is not going to be your primary worry under those circumstances. There is, however, another class of physical disabilities that many doctors immediately assume should lead to a halt of nursing. Most common of these are diseases of the breast, such as mastitis, which is just a general term for infections of the breast. These happen all the time and are often found in mothers who have given birth in hospitals where they have picked up some of the germs rampant in the environment. Now, most of these infections are curable, usually through the administration of antibiotics. They almost never hit both breasts at the same time and there is usually no problem in feeding the baby from the healthy breast and keeping the other breast out of circulation for a while until it heals. When you do have to stop nursing from one breast because of mastitis, some milk should be let manually so that there won't be any discomfort or clogging of the ducts which sometimes can occur as a result of the disease. Another malfunction that occasionally occurs is when ducts get clogged in a breast. The milk then thickens so it can't flow easily. Usually, this is treated mechanically by applying heat or warm water and very patiently and slowly working the material out of the clogged duct – a procedure that can be painful but almost always succeeds. The main problem is all these cases is not the disease, but the different attitudes of doctors when they are consulted. A great many physicians are against nursing, or at most indifferent to it.

Many "progressive" pediatricians tolerate it for a small infant, usually up to two or three months. They ride with the "fad," realizing that it is something that a lot of people nowadays do. Often you get the feeling that doctors just don't want to be bothered with it. They feel more comfortable with formulas which can be changed and manipulated if something appears to be troubling the baby. You can't tell a nursing mother to change the formula! Time and again, when a nursing mother calls up a pediatrician to consult about her child being cranky, the answer is: "stop breast-feeding," or "there must be something wrong with your milk," or "you don't have enough milk," and so forth. You get the same from many obstetricians if the mother complains of any kind of discomfort – "I'm tired, I don't have enough energy" – and the answer is, "Stop breast-feeding." The thing that goes out first, time and again, is breast-feeding. I think this reflects the culture's general discomfort with any type of natural behavior. It fits the technological mentality to replace something so animal and imperfect as a breast by a sterile bottle with a scientifically prepared formula inside.

It is difficult to overestimate the prevalence of this view. For example, it has long been regular hospital procedure in many places to inject the mother at delivery with a hormone that stops the production of milk. You've got to remember to instruct your obstetrician *not* to inject the hormone, and then you have to be alert enough on the delivery table to remember, because even after you have told him, chances are that he has forgotten or his assistant has forgotten. Another standard procedure which is galling is the way that hospitals are agents for the formula companies. Every new mother is given a free formula kit, courtesy of this or that company or the hospital, delivered by a nurse. And the clear implication is that this is the right way to take care of a baby.

There are times when things intervene that are beyond people's control. The child may have something serious wrong with it that requires hospitalization. Or some catastrophe may happen that requires the mother to be separated from the child for a period. In such situations, it is possible and desirable to keep the milk supply going, which can be done for weeks and months. The way to maintain a milk supply is to empty the breast regularly by letting milk manually. That will keep the production of milk going, via the feedback mechanism. Only when milk is not being drawn out will the production shut down.

In general, the stress should not be on what diseases or inconveniences stop breast feeding, but rather on how almost nothing should stop breast feeding. That should be the message. In our culture, the pressure is on you all the time to stop nursing. This becomes positively oppressive if you continue nursing longer than three or four months. For example, all too often if you keep nursing six or eight months or more, you will notice a distinct chill in the relationship between you and your pediatrician. I mean, your pediatrician will finally realize that you are not the kind of person who can be dealt with in a rational way, as witnessed by what you did about breast feeding.

The other extreme is the attitude of breast feeding enthusiasts. Many of them are not really comfortable with breast feeding. They are doing it because it is the thing to do, and the images in their literature often invoke the word "holiness," in the sense that there is something holy about a mother with a child at her breast. You get the picture of some kind of seventeenth century painting with a radiance showing in the background. Now it is like anything else that is put on a pedestal: that kind of attitude can last just as long as there are no hitches, as long as everything is radiant and beautiful and wonderful. But because it is artificial, instead of just

simply fulfilling natural instincts, when the tinsel falls away, they don't have their natural instincts to fall back on, and they are in danger of either becoming hysterical or dropping the whole thing. The fact is, there *are* hitches in breast feeding that happen all the time, just as there are hitches in all things in real life. Breast feeding does not insure that everyone in the whole house will constantly have a smile painted on their face. It doesn't eliminate crankiness, it doesn't guarantee that you are going to have peace and tranquility all the time. So many of the enthusiast handbooks paint such an idyllic picture! You can well imagine that after you have read something like this and your child starts raising a racket – well, the glory and the holiness and the whole bit is shattered, and you get mad at the child, and nervous, and the nursing doesn't work and you become disillusioned with the whole thing; or, more frequently, you become hysterical and just lose your bearings and don't know what to do about it. I really think the enthusiasts endanger everything – "natural" childbirth, nursing, sex. Anything an enthusiast takes hold of turns into a holy thing that is put up on a pedestal, and any time a real hitch occurs, the illusion is over and then you are in real trouble. Whereas if you proceed according to your own natural instincts, these instincts are hardy, they have a lot of resilience, they are used to the ups and downs, they can take adversity without giving up.

Eventually, of course, the child will wean itself. It is not in the evolutionary scheme that mammals go through life suckling at their mother's breast. In part, this is due to the fact that if you just let the child develop in its own way, it is going to want to eat. The child will decide at its own pace just exactly how much of its food it is going to take from the surroundings and how much it is going to take from the breast. The transformation is gradual, and there is no telling when it will take place; the time varies enormously from child to child, depending on individual preferences. We will return to the

subject of eating and food later in the book. But weaning is not just a matter of the child developing alternative food supplies. Nutrition is just one of many functions that nursing fulfills in the mother-child relationship. One of these functions, which I am going to discuss at length in a separate chapter, is physical contact. Nursing guarantees that the child will receive a certain amount of physical intimacy during each day. It guarantees that no matter what the other externalities of life are, the child is actually going to be handled and held for a certain period of time during the day when it is nursed. It is possible for a bottle-fed baby almost never to be handled at all. I would say that's the norm: they are frequently handled for only a very short period, especially after they are taught to hold the bottle. Also of great importance is the extent to which the mother receives physical contact from the child.

Another function of nursing is that of comfort. The breast is the prime source of comfort for a nursing child. There is nothing else that even comes close when the child seeks solace after it has encountered some unpleasant experience. This applies, for example, when a child has hurt itself: the breast is the best pain killer. There is no aspirin that has been developed that can take away pain as quickly and as effectively as nursing at the breast. If the baby is frightened, there is nothing that will calm it down as thoroughly as a turn at the breast. For any situation that leads to upset, the quickest and most effective soothing comes from nursing. Nutrition is completely unimportant in these situations, although the milk does play a secondary role since it's not just the breast and the body that comforts the child, it is the milk too; warm milk is a known relaxant even to adults. All you have to do is see the contrast between a nursing child and a non-nurser to be convinced. A non-nurser, encountering trouble, takes a long time to calm down. You hear it all the time – people say, "the child has to cry itself out." Even if you try to give it some kind of

warmth by handling it (which is far better than nothing), it has to cry itself out. A child who goes to the breast when it has been upset will usually calm down within seconds, and not only will the elapsed time be shorter, but the recovery will be more complete, the child's spirit is restored very quickly. It is ready to go right out into the world again, whereas situations where nursing is not available will often leave a child unhappy and anxious for a long time until it has gotten itself together on its own.

So you can't limit yourself to the nutritional factors when you are talking about nursing. The relationship between the child and the breast covers a large part of the emotional life of the child, and you make serious inroads on a child's emotional development if you deprive it of the breast as it is growing up. As a result of the many-faceted role that nursing plays, weaning is not at all simply a matter of finding other food supplies. Children will continue to nurse long after they derive virtually all nutrition from table foods. They will nurse less frequently, to be sure, and they will not be physically dependent on the breast to keep alive. But they will seek the breast for other necessities, scarcely less important to a healthy life – and this can continue well into childhood. The point is, the child will show the way in weaning, and when the child shows the way, you know it has been done at the right time.

It is worth saying a few last words on the subject of convenience and inconvenience. Since nursing requires the mother to be available, it's often a real problem to swing it. How can you arrange your life so that in fact you will be there when needed? Nursing requires a terrific commitment on the part of the mother and there is absolutely no way the father can substitute for the mother! The mother is the one on call until the child is weaned. In my opinion, this is part of the commitment that you make when you decide to have a child. That's part of what we talked about in the first chapter;

part of it is deciding that you are going to make yourself available for nursing. An infant that has been deprived of its maternal relationship by being put on a bottle will be exposed from the very beginning to cold, hostile surroundings, while an infant that is breast fed all along develops in the way that evolution intended. I think that if you are not ready to make that commitment, you shouldn't have a child and then burden it with a sense of anxiety and hostility all its life.

Chapter 6

The New Baby

The idea that underlies this chapter is central to much of the book: it is the simple one that an infant by nature strives to grow and mature. Nature endows humans with the inherent drive to become adult. This is such a simple notion, and yet it is almost totally alien to current trends of thought, which can be summarized in the opposite theme: that infants need the constant spur of adult guidance in order to mature. The common view is that the infant is a rather passive creature at birth and, unless there is constant active intervention by adults, it will vegetate. This view is also widely held to be true for older children, even adolescents. What it amounts to is a belief that the human animal is static by nature and would stay put at any given state of development at which it has been left alone; that it requires action on the part of adults to bring out its potential for development which it is not capable of realizing on its own.

My central thesis is one that I will come back to over and over again in all these chapters. I claim that by nature a child cannot grow fast enough, cannot master the world thoroughly enough. It would like to be fully grown instantly if possible. It knows all too well the wide gulf that exists between itself and grown-ups, and it is dying to bridge the gulf and to reach the adult levels of achievement that it sees all around. Indeed, only an enormous effort can *stop* a child from realizing its tremendous drive to grow and mature. This is a fundamental characteristic of young animals that is essential to the

preservation of species throughout the living world.

You can make an effort to stop this drive and I think our culture does a very methodical job of trying. In particular, the culture attempts to curb the internal drive that children have to mature and replaces this with adult-controlled manipulations. In so doing, the culture generally succeeds in killing off the individualistic attempts of children to find their own way, replacing these with a more conformist attitude that will allow each child to fit into a predetermined slot. The excuse that the culture gives for doing this is that, if it hadn't been done, the child would be a vegetable. The reality is that, if it hadn't been done, the child might be a revolutionary, in the sense that he or she would be somebody who would not conform to the required pattern.

Now it's a philosophical question which I raised in the very beginning as to whether or not we want children to mature each in their own way. The philosophy of this book is that it's a desirable end that each person develops in their own individual manner as completely as possible. Thus, from this point of view, not only is it nature's scheme that each child strives to mature in a unique manner, but also it is our obligation to do everything we can do to encourage this to happen, and not try to replace the child's striving with ours.

Having said all this by way of general introduction, I want to get to the first major consequence of this point of view: there is no danger to child development in freely filling all the needs that they have, that you can ascertain, and that they can express to you. That's a very peculiarly worded statement, but it fits the cultural context and that is why I have put it that way. The standard view is that you spoil children if you fill all their needs: this is almost a definition of "spoiling." People always say, "You spoil a child by always giving it what it wants, by always responding to its requests." I have a different view of what spoiling is, which will come out a little later. But the thing I

want to say here is, if you really believe that children want to grow up more than anything else, then it follows that the needs they express are all servicing that drive; and satisfying these needs hastens the maturation process – indeed, makes it possible. If you do this consistently, what you will get is a rapidly maturing, healthy, and independent child. In other words, you will maximize the child's independence by satisfying its needs, because they are directed towards becoming a fully independent creature.

Why do so many people say that if you serve children's needs all the time, you make them more dependent upon you because they will always look to you to satisfy their needs? The answer is, because the culture has arranged something a little different for its children, and in the process it – ironically – produces spoiled children in great numbers. It does this by deflecting the real needs and attempting to substitute a cultural conception of what the needs *ought to be*. Children are taken off their own path toward independence and maturation and placed on a path of adult creation, which necessarily makes them dependent on adults all the time, if only to find out where they ought to be headed. It is then a simple matter to spoil children by giving them too many of these artificially created pseudo-needs; the process induces a kind of addiction.

Let me give a specific example to illustrate this abstract argument. Consider feeding. From the point of view that I am espousing, any time an infant expresses a need for food, you should fill it, no matter whether it is night or day, or whether it is a short or a long time from the last feeding. In the long run, that's the way to maximize the child's independence. Now let's see what the prevailing view is, and how this ends up spoiling kids. The general opinion holds that complete demand feeding is no good. You've got to put children on a schedule so they can fit into the life patterns of the rest of the family, and also so they can get used to the fact that they cannot

"have their way" all the time. In this manner, people create an artificial eating pattern for the child which the adult world has decided is for the child's benefit in growing up. As a result, children learn to eat, not when they really want to, but when you want them to eat. That's step one. This step deflects children from recognizing their own internal regulatory mechanisms and teaches them to look for an external mechanism. This, in itself, already makes children dependent on outside cues to decide when they're going to eat. Now let's consider the next step: spoiling. Once you have got children on a schedule, the tendency is to accentuate the difference between how you treat them at feeding times and how you treat them during the intervals. In the intervals you may let them cry, or be alone, but come feeding time, you hold them and caress them and fuss over them. You end up over-indulging the artificial need that you have created, sugar-coating it, and thus making the child even more dependent. This is a pattern that is seen over and over again with children. Parents – or other adults in authority – deflect them from the needs that are really there, substitute something the adults want them to desire, and then over-indulge the substitute. This makes the children more dependent than ever on the adults because they haven't gotten what they really want, and they become more and more desperate to get the substitute so that they can, at least, have that and not be totally deprived. This process has created a generation of thoroughly dependent people who are spoiled in the sense that they are dependent on unessential things, which serves the purpose of making them function along externally-induced patterns.

But if you, in fact, indulge children fully in the needs that they express on their own, what you are doing is giving them the strength and confidence to trust their own internal mechanisms and thus to become independent persons. In the example of feeding, if you nurse your children when they want and as long as they want, when

they are finished they turn away from the breast satisfied. The breast never becomes a fetish. And this holds right down the line: take newborn infants and fulfill every one of their needs that you can identify. By doing this you will fuel their inherent drive to grow up and become independent as soon as possible.

What, then, are the needs of a newborn baby? Let's go through some of those that are easily identifiable. They need food. We have already discussed this at length in the chapter on nursing. They need protection. This includes shelter, warmth, comfort, and just plain contact. These needs are not easy to identify separately because they are so closely inter-related. The extent to which they are important can best be seen through observing the effects of their absence. Children who have not had protection as infants either die or become severely damaged in their development. These needs are not easily expressed by newborn infants. They cannot come up to you and tell you that they need to be held or cuddled or kept close, but these are essential nonetheless. Then there are needs relating to the physical care of infants: they have to be cleaned from time to time, and if they are clothed (as most infants are in our society), then, because clothes serve as a constant irritant to the skin, they need some external skin care to counter the irritation.

It is a lot more difficult to talk about the psychological needs of the newborn infant. This is because it is very difficult to say anything about what is going on in an infant's mind. Currently, there are two widely believed and polarly opposite views on the subject, and I think they are both pretty far off base. One view over-estimates what an infant knows, much as there is a danger of over-estimating what animals know. People who hold this view project into the child – or onto animals – all kinds of things that adult human beings do or think. An extreme example of this is found in Konrad Lorenz's books about his classic work with geese. Because he had done an enormous

amount of work with geese, he felt he could tell all about how they feel and what they think – when they are happy or unhappy, aggressive, friendly, angry, etc. All his vocabulary is taken from the adult human world and applied to a totally different realm where it seems to fit, at least as far as the person using it is concerned. Many of us do this regularly with our domestic animals. We are constantly imagining that they are pleased or miserable or "love-hungry" or whatever, even though we have absolutely no way of knowing whether we are making any sense at all. In fact, the psychological state of any animal, or an infant, is completely beyond our reach; we don't even know how to identify the psychological framework within which their minds function. We don't know what descriptive categories to use, as we do for adults with whom we can communicate directly.

There are classic examples of how wrong you can be with an infant. Anybody who has watched an infant taste something new has seen it pucker its lips and make expressions which are identical to those of adults who are totally disgusted by what they've just tasted. The first reaction of many onlookers is, "The baby sure doesn't like that!" – and then, a moment later, the child has gone back for more, making the same face again! Actually, infants do not associate the puckered face with disgust with food as adults do. We don't know what the expression really means to a child, whether it's delight or puzzlement or whatever, nor even if it's the same to all children. Another example is that many adults are convinced that infants are usually quite uncomfortable with wet or soiled pants, but unless an infant has a skin rash that is really hurting, it is not at all clear that they will be uncomfortable with unclean diapers. And so it goes, in instance after instance. Projection is a dangerous game that prematurely forces the adult world on children with a world of their own, beyond our reach. We must always remember that all we know is that eventually human infants grow up and learn to accommodate their

set of mental categories to those of the adult world around them. But we do not have any idea what categories, feelings, and emotions they have while they are still infants.

I think there is an equal danger in underestimating what goes on in an infant's mind. Many people, including students of human psychology, feel that infants are pretty much "out of it," that they do not have much understanding of anything. These people are always amazed when they discover through some experience that an infant does, in fact, comprehend this or that. I find that it is always fascinating to discover – usually by some accidental observation – how much sense infants make of their surroundings. It is rare that adults get a chance to see this, and you need to observe children long and hard and most carefully, but every now and then you are rewarded with insights into how a given child has seen certain patterns in the surroundings, and has followed them, understood them, and responded to them.

The main point is that it is really very difficult to get any kind of picture of what is going on in an infant's mind. It is just plain difficult, and if you as an adult really want to be responsive to an infant's needs, then first of all you have to be extremely sensitive to what is going on and try to read the signals as carefully and accurately as you can. Second, and perhaps even more important, *you've got to learn to live with the realization that you are going to miss most of what is going on.* This is perhaps poignant, but it is neither tragic nor damaging if you are honestly trying your best. If you are always doing your utmost to meet your child's needs, and they are relatively secure with you, then they will come to know that even though they haven't gotten through to you, it is not for want of an effort on your part. And they will learn right from the outset of life how to deal with the frustrations and disappointments that are part of everyone's existence, young and old.

What it all comes down to is simply this: the basic problem with infants is communication. They exist in a world of their own, replete with sensations, emotions, feelings, understanding, and even some sort of private language. But they have not yet figured out how to relate to the outside world, in particular how to communicate with other human beings. In general, I would distinguish three phases of human development which are determined by the communication problem. The first phase is infancy, from birth to about age one (although that varies quite a bit). This is characterized by one losing battle after another to get through. The infant has all kinds of ways to get your attention, but really does not understand what your world is about and you don't understand what their world is about. Both sides are struggling to understand each other, with the infants trying much harder because of their inherent drive to mature. They are making enormous efforts to understand your world, but you are limited to dealing with just a few clues here and there. The second phase extends from around ages one to four, very roughly. This is the period during which the child slowly develops mastery of the surrounding adult language. Children begin to feel their oats, learning to communicate, gaining an enormously detailed understanding of your world, but still being terribly frustrated much of the time because their ability to communicate lags so far behind their understanding of the world. The third phase is the rest of life when, in effect, people have mastered the art of communication and can tell you what they have on their mind. Generally, their understanding, and their ability to communicate their understanding are rather well matched.

There is a final point I would like to make which is related to what I said earlier about infants not being fragile. There is a widespread "infant mystique" infusing an aura of holiness and beauty and tenderness around the newborn child. Society seems to look at early infancy as a state of innocence that is never matched later in life. An

infant is so good. It sleeps most of the time, it doesn't give you any back talk, it doesn't play with its genitals, it doesn't do anything "wrong": it is just a beautiful, serene little object, so delicate and fragile. I think the best way to avoid this syndrome is to get away from the fragility part. Infants are not fragile. As a matter of fact, it is good for them to be handled. The worst thing in the world for infants is to leave them lying serenely in a cradle. That is almost a kind of sensory deprivation. Now, once you get away from the fragility image, the rest will fall away very quickly because it is not going to be too easy to put too much of a halo around an object that you handle in a normal manner. The best thing to do is to aim at treating the new baby much as you would any other person in the family.

Chapter 7

The First Year

The first year of a child's life is characterized by the gradual development of all of its systems to the point where they can carry out the functions that they are designed for throughout life. This year completes the process that went on in the prenatal stage. The most obvious example is the system of vision. The infant can see only poorly for quite a while after birth. It is not clear whether the brain is limited in interpreting the information it gets from the eyes, or the actual ability to use the eyes is limited, or both. Either way, the fact is that the visual system is not working at birth in the way it is ultimately designed to work.

What is true and well-known about vision is equally true, but less well-known, about all other systems. Consider, for example, the digestive system. A newborn infant's system is only really ready to handle its mother's milk. Initially, it is not producing all the enzymes that are required, and it has to get geared up to producing them in sufficient quantities to digest foods that enter the system. There is a lot of feedback involved. These enzymes do not just pour out all the time. They appear in response to the presence of certain kinds of food in the system. I don't want to go into the intricacies of the biology, but it is a complex system and much of it is not working at birth. When an infant gets hold of food that it is not capable of digesting, the food goes right through the entire alimentary canal and comes out just the way it went in.

Another system that is partially developed is that associated with the sense of touch. Now, the two senses that together are responsible for giving an adult control over the environment are the sense of touch and the sense of sight. Working jointly they constitute an extraordinarily fine instrument of perception. At birth, the only place where the sense of touch is developed is in the mouth, which is an infant's most sensitive area. That is why you'll find them constantly putting everything they can possibly handle into their mouths. They are literally feeling with their mouth. I am not talking about sucking; infants will do with their mouths the things we do with our hands and other parts of our body, because that's where they can feel most effectively. Eventually the child develops to the point that it is more efficient to use other organs, like the hands, for better results.

So a chief characteristic of the first year is that all of these systems, one by one, are developing to the point where they can function adequately, in the way they are supposed to function in adults. This has certain consequences for rearing children. One is that you have got to recognize this fact, and not place infants in situations where you expect them to react as if their systems were developed. The other side of that coin is that one must not deprive infants of their own methods of coping with the environment, imperfect as they are. In other words, you have got to let the infants lead. You have got to let them decide where they're at and use their systems as they see fit. Your intervention cannot possibly help, but it can easily hamper the normal development process because you can never really know how well they're functioning – you can only guess, and your guesses are as likely to be harmful as not.

Most parents do, in fact, intervene. The classic instance is toilet training, where the natural development of the child's control over its systems of elimination is interfered with in order to “housebreak”

the child, usually as a matter of convenience for the parents. Another classic intervention has parents trying to get children not to put things into their mouths. This is a tremendous preoccupation in our society, one which I think goes hand in hand with the attempt to eliminate nursing. There are lots of rationalizations to back up this intervention, but the main one is the good old standby, a *medical* reason: everything is supposedly so dirty and full of germs that, if children put something in their mouths, it is going to get them sick. I don't think the argument is worth very much, except in extreme instances (e.g. sewage). Infants and toddlers develop their own immunities as they get themselves infected with low grade infections all through childhood, and exposure to germs is an essential component of developing immunities. For example, it used to be that middle class children and upper class children had higher incidences and severer cases of polio than lower class children did. That doesn't mean that lower class children didn't get polio, but they got it at a lower rate, and often in a milder form. This is generally true: the more protected the young children, the more likely they are to get sick, because any chance contact with germs (which is going to happen no matter how careful you are, unless you put the child in a germ-free tent) is going to lead to a high likelihood of pathological infection due to the absence of well-developed immunities.

However, for argument's sake, suppose you are a parent who really does believe, in spite of all the arguments to the contrary, that there is increased danger of disease if a child puts all the things it handles into its mouth. You have two options: one is to force the child not to put things in its mouth; the other option is to see to it that the environment is clean, by whatever standards you happen to have. The point is, the whole thing is *your* problem: if you get upset about such matters, *you* should be the one to have your life inconvenienced, rather than the child. You can clean up the environment by scrub-

bing the floors and washing all the items lying around, and making sure that nobody puts down dirty objects in that part of the house where the child is. But your object should be to make every effort not to intervene directly with the child's natural development of its own systems. To be sure, cleaning up everything in sight is also intervening, albeit at a level that the child is not aware of. It's a certain manipulation of the environment, but it is done at a greater distance from the child and does the child less harm. What it amounts to it deciding that if you have a fear of your child getting infected, then you will take it out on the environment and not on the child. You will let the child continue to develop its own sense of touch, its own techniques of exploring its surroundings. Again, that's the same old theme: the infant should be allowed to decide how to relate to the environment, and if you feel there are things that are possibly dangerous about the decisions, then cope with the environment and not with the infant's own internal sense of development if at all possible.

This brings me to the chief consequence of all that has preceded. What you should aim for as an adult watching your infant grow is to have an environment that has been modified to be free of life-threatening pitfalls rather than restricting the child to fit into an unmodified adult environment. It is a question of who is going to lead; it's as simple as that. Are you going to lead the child's development? Are you going to say, "This is the kind of environment I've got, and my child is going to have to handle it in a way acceptable to me, and that's all there is to it."? If you do that then, in effect, you are saying that you would prefer to raise a child who dances to your tune; and this goes back to the very first chapter in which the philosophy of my whole approach was laid out. As far as I am concerned, if you feel that way, it is preferable not to have children. If you are going to be responsible for bringing a living human being into the world, then I believe that part of that responsibility involves a commitment

to yielding a great deal of your control over things around you and recognizing that you are going to have to let this new person call the tune, at least as far as his or her own development is concerned. In fact, it is always possible to modify your environment so that your children will feel free to go about their daily affairs without constant restriction and restraint, and without being subject to any of the dangers which you fear. It's a matter of caring, or concern, and of a certain amount of planning.

One aspect of the "adult lead" approach is spelled out in a U.S. government child-rearing manual issued by the Department of HEW, which advocates placing a child in a playpen at a very early age before the child gets used to freedom, because once it gets used to freedom it is going to resist being put in a playpen. The playpen is an archetypal instrument of adult control. By contrast I delight in the picture of a child free to move throughout a home which has been modified to accommodate the fact that the child exists and deserves to have its existence recognized.

All these considerations have the greatest force and importance during the first year of life, precisely because it is then that all the child's systems are developing, and along with them, the child's fundamental attitudes toward life. Right then, in that first year, is when it is determined to what degree the mature person who grows up from the child will feel self-confident in their ability to cope with their environment; and a key factor in that determination is the degree to which the adults around the children let them find their own way in their daily lives. If the adults let the children make their own mistakes and conquer their own environment, they will develop the independence and security and confidence that I consider essential to a life of fulfillment and meaning.

Why is the first year so important? Generally speaking, the significance of early infancy was not recognized until modern psycholo-

gists, especially Freud, focussed on that period as being of unparalleled influence on the rest of life. Even now, the overwhelming majority of people find it difficult to accept this as a reality. The general attitude is, "What's all this fuss about the first year of life? Granted that it is an important time, but a person has all the rest of his life to develop, to work things out as a rational person. How can the first year of life be so critical to all the rest?" There is a basic skepticism about the idea that what happens to the seemingly unformed, unresponsive infant – things that it apparently doesn't even remember later in life – could really be so important.

I think that the situation can be made to appear reasonable to people if they think about it in terms of the general communication problem that characterizes the first year, which I have already discussed. During the first year or so of life, children are constantly stymied in their attempts to communicate with others, for many reasons. They don't have adequate mechanisms to process the information they receive; they don't have the verbal apparatus to summarize their experiences concisely in words; and they don't have a fully functioning memory that can be tapped, like a browsing library, to retrieve stored information. (Of course, an infant does remember, because the nature of the human brain is such that anything that is every recorded in its storage apparatus is *never erased*; but an infant has not yet developed methods to give adequate access to memory.) All these aspects of the complete human communication system are simply not developed in the first year.

What this means is that the things that happen to infants during that first year influence their behavior but are not readily accessible to later review and analysis. This is a frightening and potentially dangerous situation: infants are persons to whom significant experiences happen, but these experiences are, for the most part, beyond processing. So when you are dealing with infants during the first

year, you've got to think that every single experience that is happening could leave virtually a permanent imprint on their development for the rest of their lives. What an enormous responsibility this places on the adults who are responsible for an infant's development! Let me contrast this to the situation of a fully grown adult. With an adult, the exact opposite is true. Every experience can be processed and stored in the mind in such a way that it can later be regurgitated, reprocessed, reanalyzed, and reintegrated into the adult's world view. This doesn't mean that adults don't forget or suppress experiences; but they don't *have to* forget. Experiences don't have to be buried; they can all be raised again. This is why very few experiences that happen to adults ever really change their lives, or transform their character, or leave a permanent imprint. There are, indeed, some exceptions. Now and then traumas occur to adults that are so enormous that they can't be handled within existing frameworks. But, by and large, adults are capable of dealing with their environment and adapting to all sorts of life experiences. They go through disappointments, failures, successes, dangerous encounters, etc., and throughout all these things their character remains fairly constant, because what has happened to them can be analyzed and integrated into their personal world view. Not so the infant, for whom almost every experience has a terrible finality.

When I say that the communication system in the first year is rudimentary, this doesn't imply that there is nothing at all to it. There are some experiences that infants can process and recollect later, and in such instances they may be able to deal with them later in life. That's essentially what Freud discovered: he found that he could often reach back to the first year of a patient's life in order to dredge up something identifiable, and that sometimes, when he succeeded, there was a chance of repairing the damage done during that first year. I guess one corollary of all this is the admonition that if

you are going to do something awful to your children, you should hope that they remember it, for their own sake, later in life!

In general, it is worth remembering that interventions are far more dangerous to an infant than to an older child – say, a two-year-old. You can explain things to two-year-olds, you can help integrate what you are doing into their understanding of life, but for the ten-month-old child your intervention represents power, raw suppression of initiative. And each time this happens, it reinforces the lesson for the children that if they want to avoid getting hurt, they shouldn't do anything daring, they shouldn't put their necks out. That's the way it happens with infants, but not with two-year-olds. Two-year-olds may not like your intervention, may protest loudly, may feel tyrannized, but they are largely able to analyze what is going on, so that it does not necessarily constitute permanent damage.

In light of this, it seems to make sense that no matter what your attitude is to child-rearing in general, you should try to be especially tolerant in the first year. Decide that during the first year you will put up with all kinds of things, even things that you will not put up with later, because to the extent that you intervene and give your children negative experiences, you can affect them for the rest of their lives, whether or not you wanted to. As I see it, *a negative experience occurs any time a child learns that alien forces have to be acceded to, other than those he or she has taken the initiative to cope with.* That's a very intricate way of saying something, but I don't know how to say it in a simpler fashion. This is where I differ most sharply from the so-called "progressive." To a progressive, a negative experience is an *unhappy* experience. The progressive wants a happy childhood, so he will constantly be intervening in the daily life of the child to guarantee that the child is never unhappy. My idea of a negative experience is whenever you prevent children from carrying out their initiatives, whatever they will lead to. I think it is part of a healthy development for chil-

dren to fall and hurt themselves and cry, or to learn that they can't do this or that. This is in line with the basic philosophy I outlined in the first chapter.

In my framework, the most important single thing for a person to learn is *to be independent*. If you accept this, then there are consequences. For example, you don't get all upset if children try to do something and get into some trouble, and it's imprinted forever on their minds that if they do this thing they can get into trouble. That, to me, is not an upsetting prospect. (I am not, of course, dealing with life-threatening dangers like crossing a street or touching a high voltage electric wire.) They've learned something about themselves and their environment, and they've learned it on their own. Whatever bad thing happens as a result of a particular incident, it is not going to shake their confidence in themselves. It is going to get them mad and frustrated, and they will probably express their anger with gusto; but that's the kind of thing you want to encourage. You want *them* to be the prime movers, and to be able to express freely their reactions to their various experiences.

Chapter 8

The Years One to Four

Earlier, I divided life into three major periods – the first year, the years one to four, and the years four and up – which are linked to the various stages of development of a person's communication system. The first year is when the communication system is in its formative state, and not really functioning. The years one to four constitute a transition period for the growing child, during which the child is developing the means of effectively interacting with the outside world, both verbally and non-verbally. This period is the one that I label "true adolescence," because adolescence means the period when a transition takes place between an undeveloped and developed organism. Modern Western culture has located adolescence in a later period associated with puberty, and we will go into reasons for that assignment later. Real adolescence, however, occurs between ages one and four, as we shall now see.

During this period many of the fundamental relationships and attitudes toward the rest of the world are determined, in a manner quite different from the first year of life. The way children are treated in the first year essentially determines in an almost irreversible manner how secure they will be, how confident in themselves, how fundamentally stable in character. These are internal characteristics, largely focussed on their personal psychological development. In the period one to four, what is at issue are the child's basic attitudes to other people, and to the rest of the world. Those are the years when

they are developing their powers of interaction, and what is critically important is how others will respond.

Let's see what this implies. Suppose a child is struggling to get across something. It won't take them long to find out whether you are trying to pay attention, whether you are making an effort to understand their imperfect communication. Children brought up by parents who did not take enormous pains to understand them during ages one to four are going to conclude that their parents don't really care about them, don't really have time for them, aren't really sensitive to what they need (typical adolescent complaints). The parents might have been concerned about their children's physical comfort, might even have given them all the security and warmth they needed during the first year, but this still doesn't make up for what happens from one to four. I have encountered this feeling often: a feeling of love for your parents, a feeling that they provided you with warmth and affection as an infant, and at the same time a feeling that they don't really care about you as a person. They love you, but they don't really care about your views, nor pay attention to what you have to say, nor give you real respect.

Not only is the attitude towards parents largely set during that period, but also the attitude towards much of the adult world. Children who are surrounded by other adults or older children who pay attention to them, and who try to understand them, tend to develop a positive view of humanity, as well as the notion that it is possible to do something with themselves. By contrast, children that age who are placed in an indifferent surrounding (such as exists in many institutions, and often in babysitting services or day-care centers) are likely to come out with a pessimistic attitude toward the world – that it just does not pay even to try, since others aren't going to listen anyway. By the time such children reach age four, they are likely as not to be full-blown cynics. I know it sounds odd, but a four

year old cynic is probably the norm in Western culture. It doesn't take much observation of children to verify that view for yourself. Most young children are very cynical about conducting any meaningful communications outside their peer groups. This is the root of the so-called generation gap, and it is between ages one and four that it all begins. That is when people become cynical, and that is when the main effort has to be made to prevent this from happening.

The developing communication system of children encompasses not only their interactions with parents and other people, but also their interactions with the world around them. Children aged one to four who are given the opportunity to relate freely with the outside world, and to master it, are very likely going to develop a constructive attitude toward the world. They must be allowed to putter around, to play with tools, to experiment, to handle food and pots and pans in the kitchen. They must be allowed to make mistakes, and to spill things sometimes, to waste occasionally, to break a few things. Children know they are making mistakes when this happens; they are not under any illusions. Children are very perceptive, down to the finest detail. It is a tremendous error to think that children cannot concentrate on detail. Quite the opposite, children have a fantastic ability to focus on minutiae, and they get terribly upset when every little thing isn't just right. Over and over you find that if you move something from one place to a new place, even a few inches away, your child gets terribly annoyed and wants it back in the "right" position. When that same child spills some flour, there is no doubt that a mistake has been made. If that is allowed to happen, children get the idea that making mistakes is a normal and a healthy thing, and nobody is going to hurt them for it. And eventually they are simply going to get the general feeling that the physical environment is something that they can cope with. Whereas children of that age who are insulated from their physical environment, not allowed

to interact, not allowed to mess up the kitchen, not allowed to go out and get dirty, not allowed this and not allowed that, and carefully confined in their sanitized play area, will almost surely grow up later to be afraid of things, and to consider the environment around them to be a fearsome thing. They will be afraid of machines, afraid of nature, afraid of going out of doors, afraid of the rain, afraid of everything. By overprotecting them, you turn them into strangers within their environment.

All this is a consequence of the developing communication system during the period of adolescence. It is crucial to get things right during that age span because, by the time the child matures, basic attitudes have set. To be sure, anything can be reversed later in life – there is nothing that is absolutely final. But the enormous effort that it takes to reverse an attitude set by age four is far, far greater in every respect – time, concentration, failure rate, money – than the effort that it takes from one to four. For that reason alone, people make a tremendous mistake when they think that the way of child-rearing I am advocating requires an awful lot of work. Many people despair during those years. It is a long haul, and it is not easy always picking up garbage, always running after children, always doing this and that. It seems so much easier to have a little robot you can put in a box or a play pen or a controlled area and just leave there unattended. But the time spent during those years is paid back in spades during all the rest of your life, because what you get in return is a life-long satisfactory relationship with your child, and the life-long knowledge that you've nurtured a person who fits into the environment. And that to me is something well worth the burden of three years of fairly difficult work.

Many people hesitate to give their child sufficient freedom because they fear the waste that this entails, and the expense. One day the child is into tissues, the next day toilet paper, the next day

flour, the next day something else, and so it goes. If you let them do this exploring, it seems that you are always replacing things they have destroyed. And it also appears as if they are bent on destroying everything.

In this situation, a little patience and perspective goes a long way. First, it becomes obvious after a while that children are not out to destroy, but rather out to learn how to handle their environment safely and properly – the exact opposite of destructiveness. In the process of learning, they make mistakes, just as adults do when they get into something new. Let children alone, and before long they will be comfortable with everything and waste will stop. Restrict them, and they will be increasingly frustrated and angry, and you will have sown the seeds for real destructiveness.

As for expense – when the total bill is added, you will be surprised how little it costs you to achieve so much. In our family, we would jokingly refer to the wastage of that age as "the 50 cents of the day." Children allowed to learn their way around the house don't need as many toys, and you can easily save on knick-knacks what you spend on wastage. More important, however, is the lifelong "saving" you get in return: children at home with the paraphernalia of everyday life are much more likely to be careful all their lives with these things, and to know their way around without causing damage or suffering harm.

Another problem during those years has to do with dependency. During the first year of life, the children are completely dependent on their parents and on the adults around them for everything; without care, they would perish since they don't have the mobility, the knowledge, or the physical coordination to satisfy their basic needs. Children age one to four are in an adolescent transition between dependency and independence. They're ferociously trying to become independent but, in fact, they are to a large extent still

dependent, and that's a source of a lot of problems for children and parents. On the children's side, the problem is that nothing is more irritating to a person who wants to be independent than to be dependent. It's simply galling, at any age. You can be forty years old and get into some kind of an economic pinch, or an accident, and all of a sudden you need other people to bail you out – and likely as not you become an awfully nasty person as a result. There is a classic story about the time somebody subjected Winston Churchill to a bitter personal attack, and Churchill turned to him and said, "I don't know why you're being so nasty to me; I've never done you a favor." There is nothing more humiliating to a person who wants to be independent than the need to be dependent. What's true of adults is even more the case with growing children, because children are focussing their whole existence on the drive to mature and to become independent. Every little instance of dependence infuriates them.

As a result, children during that age are often given to attacks of frustration and anger, which are directed more at themselves and their inability to do what they want to do than at any other party. You have to accept these outbursts and be ready for them. It's not a question of your "being tolerant" of unacceptable behavior. Rather, it's a matter of your realizing that such outbursts are an integral part of the maturation process. If your children were never angry, then they would never become independent. Thus, you should rejoice every time your children lash out at you for trying to help them, because this signifies that they want more than anything to be independent, which is what they should want; whereas children who are always waiting for you to help bail them out are really in danger of perpetuating their state of dependency into the future. So healthy children are often going to be cranky and testy, because they resent their adolescent dependency on the adults around them. Most people find this hard to handle: our culture holds that if a person is

helpful to someone else then the other person should be "nice" in return, otherwise the other person is guilty of "bad manners." So the adults around children of adolescent age, especially healthy children, are constantly put to the test because they have to fight the instinct to whack the child across the mouth and say that they're nasty little brats when they aren't appropriately grateful for adult "help." I don't know how to put it more succinctly than to say that an adult around a growing child should not be discouraged when the child is impatient with help because that's the right reaction for a person headed toward independence. To be sure, nothing that I've said is inconsistent with the child showing a certain basic politeness to adults that arises naturally out of the warmth of a relationship. But it's not the kind of politeness that comes out of dependent thankfulness.

I've talked about children's focal point being the development of their communication system, and I want to elaborate on this now. It is related to something I brought up earlier: that it is an innate characteristic of children to be possessed of a drive to grow up, and their entire biological and psychological development is programmed to make them into independent adults if left unperturbed by outer constraints. I'm talking about something very specific, which is, in brief, the following. The natural activity of the brain when it is functioning normally is to solve problems. This is true of all animals at all levels of the evolutionary scale. The brain is the instrument through which any situation that calls for a reaction is experienced, decoded, and resolved. Now, infants have all the circuitry that adults have, but they don't have enough programs yet, so to speak – they don't have enough experience to do the job well. The mind is working all the time just the same. For example, all through the first year, when children aren't visibly doing very much for themselves, they're building up in their brains a considerable skill at problem-solving. It is the development of this problem-solving capacity which is what I mean specifically

when I refer to a drive towards maturation. It's a process that occurs at all ages; you do it until the day you die. The difference at different ages has to do with varying rates of progress. Young children are just learning how to do it. They are just beginning to figure out what experiences are worth sorting and what are not, what is relevant and what isn't and so forth. The exact same progression takes place at any age when you are put into a new situation. You go through the same stages of "infancy," "adolescence," and "adulthood" relative to the new circumstances (a new job, a new interest, a new profession). During the first few years of life the organism as a whole goes through these stages because *everything* is new. So that is what I mean by the drive to grow up. It is the progressive development of the problem-solving capabilities of the mind, and it is innate to the brain.

Therefore, to worry about whether or not a child will mature only makes sense if you are dealing with a physiologically defective brain. In such cases, of course, there is a need for concern and for treatment, about which we unfortunately know very little. But aside from clear cases of visible brain damage, any worry about the maturation process is pointless, and can only signify a wish on the part of society to control the normal development of a child's mind in a certain direction.

This brings me to my final point: the way society uses ages one to four to control children. We already saw how the first year is used to control the development of children by breaking the natural bonds between child and parent and by depriving the child of the necessary affection and warmth, thus making it possible to brutalize the child instead of allowing it a normal, healthy growth. What happens between ages one and four is that the culture prepares the groundwork for placing children in their proper place in a technological society. It does this by nurturing the idea that you don't have to pay close attention to children that age; that they should be the targets of one

way communication, rather than serious participants in a two way interaction. Children that age are always being told things: they are being told their limits, and they are even being told what they *really* want. All this tends to make them non-persons. Children one to four are trying to develop two way communications, trying to reach out all the time, and the whole society in return ignores what they say, ignores their signals, and instead bombards them with communications that it wants them to receive. Several years of this treatment do some predictably destructive and damaging things to children. First, it turns them into cynics. They absorb the message that their interests and their needs don't really count. Second, it conditions them to a recipient role in life. This satisfies the culture's desire for a mass of passive people who can form the perfect raw material for the continuing educational process that takes place during the ensuing years.

I will end this chapter by making a plea. In order for children to develop in a healthy manner from age one to four, the adults around them – and in particular their parents – need an enormous amount of patience, to allow their tentative probings full expression, to try to understand them, and to tolerate the upheavals in their lives. The years from one to four really put you to the test of whether you really wanted a child. If you really didn't want that child, it is going to become evident during that period, because during the first year even unwanted children can be fairly nicely treated. They aren't that mobile, they don't bother you that much, and you can sort of fool yourself into thinking you are being a good parent. But the long three year span from one to four is the real test, and unless you really want that child, you are going to permanently thwart their healthy progress.

Chapter 9

Ages Four and Up

By age four or thereabouts, human beings have a fully developed communication system which, for all intents and purposes, makes them mature persons. They are capable of expressing themselves, of understanding what's said to them, and of structuring continuous thought; and they are capable of doing things with their environment. You could ask whether a person age four and up belongs at all in a book on childrearing, because I don't consider someone over that age to be a child. To a certain extent the subject doesn't belong here, and yet society considers people to be children until a much older age than four, and so we have to discuss this largely because society forces it on us.

I want to explain what I mean by a person over four being mature. The key element of maturity is judgment. At around four, people have at their disposal a fully developed sense of how to go about solving problems and how to go about making decisions; they have a sense of what they know and what they don't know, what kind of information they need to solve problems, and when they are out of their depth. This is very hard for people in our culture to believe about children. For some reason, most people think that judgment is developed much later. They aren't able to pinpoint exactly when —some say 13, others 16, others 18, or 21. I do not see any significant change that takes place after age four or so. When I look at a four or five or six year old making decisions, I see all the components of the

judgment process that I see in a person aged forty. The process is the same, a completely mature one, weighing the questions and the available information and the previous life experience. What does change with age is that a person gains knowledge and learning and life experience that can be called upon in making judgments. But I think you have to remember that this is a very qualitative process which goes on at all ages. A person aged fifty can have just as many difficulties solving a problem as a person aged five. A person aged fifty confronted with a new situation can feel just as helpless as a child. We have phrases for this in our language; we talk about older people confronted with difficult situations and refer to them as being "like children." Actually, the language reflects society's prejudices. What we really mean is that this is something common to *any* age when people are confronted with new situations, recognize their limitations, and don't have the adequate data at hand. Our prejudice is that we expect a fifty year old, confronted with the need to make hard decisions, to go about making these decisions in a certain way, and what we don't recognize adequately about four year olds is that they do exactly the same thing. There are doubtless a greater number of areas in which four or five or six year olds are inexperienced, and so they may need more help. But even that's an argument you have to be very careful about, because there is a kind of feedback mechanism here. Four and five and six year olds don't get into all that many situations which they find to be over their heads. As they grow older, they get into more and more complex situations, usually refraining from going in too deep. It's something you see at all levels of maturity. People always meet with new challenges, but they generally recognize their limitations and try not to go in over their heads. So when all is said and done, the decision-making processes of a five year old and a fifty year old are quite similar. In both cases the people involved in the process can be faced with the need for new data, realize their lim-

itations, and be stuck. It isn't just children who are stuck and inexperienced; anybody can be, when confronted with a situation that is strange to them.

Another characteristic, other than judgment, which is often used to distinguish five year olds from fifty year olds, is *learning*. We often hear it said that "children still have a lot to learn." On the other hand, we have the opposite attitude toward older people, who are held to be virtually incapable of learning; "you can't teach an old horse new tricks." Actually, the human being is a learning animal throughout life, from the moment of birth until the moment of death; indeed, when a human being has stopped learning, he is essentially dead. As long as there is any brain activity, learning is possible – which is probably true of lower animals as well. So to say that having a lot to learn is something that distinguishes younger people from older people just isn't founded on any reasonable view of human nature that I can think of.

Another distinction that people try to draw between young people and older people is that between dependence and independence. People tell their young children that they are terribly dependent, and you often hear a parent say, "As long as I have to take care of this and that, you're going to have to do what I ask, and when you're older and independent, you can do what you please." Whereas our picture of adults is that they are independent people. Again, I find this to be a very misleading distinction. If we think about it, we realize that adults too can be very dependent, for example, on their spouses or close friends. They depend on other persons for help, or to come through in times of crisis. We have ways of expressing this, such as "It's good to have friends you can count on." What we're really saying is, that for all our independence, a large part of us is still dependent upon friendship. In a much deeper sense, modern society is particularly interdependent in a lot of ways – economically, socially, eco-

logically. Even the people who advocate a return to nature often find themselves in an ironic dependency upon the rest of civilization to bail them out in a pinch. You can think of any number of examples. It's almost impossible to be in a position in which you are independent from the rest of society. So I think that people like to fool themselves a bit as far as this is concerned, especially when they talk to children. When adults talk among themselves, they fully realize that they are dependent upon each other and the rest of society, but the big stress on independence usually shows when they are talking to children. You can even compare the way parents talk to their children with the way they talk with each other. It's rare that a husband and wife will invoke their dependence in arguments. It's just not a usual adult frame of reference, even though they may be terribly dependent upon each other. But when children and parents argue about their differences, time and again, one of the first things that comes into the argument is "so long as you're dependent upon me, you've got to do it my way." I think it is interesting to see this double standard invoked to keep children in line.

The other part of what I want to say is that children four, five and six years old – let alone older children – are a lot more independent than we give them credit for. They are quite capable of thinking for themselves and understanding what is going on. In every sense, they have minds of their own. To me it is amazing how often adults do not consider children to be real people. The weirdest things happen. Adults often act in the presence of children as if they were not there, like non-entities. Things are often said and done in front of them as if they were part of the furniture. For example, there are many classic stories of doctors discussing cases in front of children who are patients as if the children were not lying there in full view, something the same doctors would not dream of doing in front of adults.

Another category that is often used to distinguish children from adults is play. People say, "children prefer to play a lot, and are not serious about life." Whereas adults supposedly do serious things. Indeed, adults are careful to label their play, so that when they decide to play, they can announce the fact, in order to separate the occasion from the rest of the time when they are being very serious. I think that there's a lot to be said on this subject. Perhaps the best place to begin is with the observation that, in less inhibited surroundings (i.e., non-starched-shirt surroundings), frolic and play is something that people engage in at all ages. For example, anthropologists frequently comment on the play they observe in so-called "primitive" tribes among adults. Of course, this is always called "child-like play" – another instance of our language clearly reflecting our preconceived notions – but the fact remains that mature people like to play. And the main reason for this is that play is a creative, natural kind of activity for an associative, curious, probing mind.

Sad to say, our society reveals itself in this area too. We are so hung up on programming adults into well-defined, set activities and fixed routines that we tend to squelch play in grown-ups. It's not because of their age, but because of the roles they have to assume in Western industrial culture. Often, you hear a person say about someone else he has known professionally for years, and he has happened to be with on a vacation: "I didn't realize that this person was so much fun, that he had such a light side to him." We are always amazed to observe in others what is really a natural characteristic of people of all ages, but is repressed in the daily lives of most people in our society.

In summary, many of the differences which society claims to exist between children and adults don't really exist. People aged four or so and up *all* have judgment, they *all* learn, they are *all* both dependent and independent in various ways, they *all* play, etc. I

don't see any grounds for distinguishing in a qualitative manner between a person age four, five, or six and a person aged twenty or thirty. At about four, a person's body and mind have reached functional maturity, and from then on they accumulate a storehouse of experience and knowledge as they proceed along their unique path in life. Which all boils down to saying a very simple thing: that as far as we are concerned, as soon as children have reached four or so, they have to be treated like you treat any other person whom you consider an adult.

Now, you have to be careful not to draw the wrong implications from this conclusion. Thus, it would be catastrophic to deny children what is due them. All people, regardless of age, have needs which should not be overlooked. For example, all people have the need for affection. It's not the case that you have to give a lot of affection to a four or five year old, but when a person turns twenty, you can turn cold. Affection is necessary for human being all through life. So are love, warmth, and physical contact. We accept these needs in an infant, but we sort of tail off later on in life, although they are as vital to an adult as to a child aged four. The question we have to address at this point is, "How did this differentiation between ages happen in Western culture?" This question turns out to be related to another, namely, "Why do we consider adolescence to occur at such a late age in Western culture, at puberty?" The answer in both cases lies in the nature of Western civilization and its industrialized technological society.

There are many aspects to the answer and I just want to highlight a few of them in order to present the gist of the argument. One thing that has happened is that the average human life span has increased fantastically so that people live almost three times as long as they used to live up to a relatively short time ago. The resulting population explosion has led to enormously complex problems in

simply providing for all these people. One technique for managing the situation is reducing job competition by lopping off both ends of the manpower spectrum. On the one hand you introduce a retirement age to get rid of older workers (although it is inherently ridiculous to associate a chronological age with the need to stop working). This has endowed us with a society full of people who are in their sixties, seventies, and older, who are capable of doing productive work and deriving satisfaction from it, but who are forced to retire and face the tedium of enforced idleness. That is how we lop off one end of the spectrum. Then we say further that a person can't enter the job market until at least fourteen years of age, preferably eighteen or older, with the preferred age of entry going up as the population increases. A hundred years ago people in large numbers began work at age eight or nine. It is often said that the age was pushed upward out of compassion for children. While this undoubtedly was a factor, I think the major reason children were removed from the job market was to keep them from competing with grownups. There just weren't enough jobs to go around, and one way to handle it was to pass child labor laws.

The end result of getting the old and the young out of the job competition has been to introduce monumental problems of old age and of youth in our society because of the large numbers of able persons who have been deprived of a productive function in their lives.

Another aspect of late adolescence stems from the fact that an industrialized society, of the kind that we have had over the last century, needs highly trained robot-like people to fit into certain places in the economy. This takes time and effort. To take a human being and turn him into a robot is something that you can't do overnight, and it is very different from training a person to a responsible role. In the old days, children started apprenticing themselves when they were still quite young; it was fairly common to see four and five year

olds standing around a smithy or a weaving shop or whatever and learning the intricate tricks of the trade. Indeed, even toddlers are capable of absorbing minute details of the procedures taking place in the home—even intricate ones like how to cook, how to clean, etc. It is a mistake (that I have already discussed) to think that little children cannot be useful in complex situations. They can be. It is not the complexity that we are talking about at all. From the dawn of man little children found ways to ease themselves into complex situations gradually. Even in the most complex industrial society children aged four and up can have a vital role, can find a place of interest where they can observe and slowly master all the intricacies. *It is the need to turn them into robots that takes time.* It takes years to do that. There is a strong correlation between the degree of technological advancement and the length of time it takes. For example, consider science. Today, the average Ph.D in science is an uncreative robot drone who still has to go out and become a post-doctoral appointee for several years under somebody else's guidance. Usually, he doesn't begin to do his own work until he is in his thirties. That's the norm in science, a highly advanced field. Why is this the case, when a generation or two ago the norm was that people in their early twenties were doing creative work? The answer is that in earlier times there were fewer scientists. There was a small group, so everyone could relax, and there was no pressure to force scientists into a mold. Today there is a tremendous amount of competition, and a highly routinized set of tasks for scientists to perform. It is necessary nowadays to prepare them for this and for that—to prepare so many solid state physicists to service industries, and to prepare so many biologists to fight disease, etc. Science is a completely different enterprise than it used to be, and if you just let everybody do what they want, if you would give them the same freedom that they used to enjoy, most of them would be doing things that society didn't particularly want them to do. So

society puts tremendous pressure on developing scientists to keep them in line, and the longer they are kept in line, the less likelihood there is that at the end of their long training they will still be independent and creative enough to break out of their pre-set mold, and the more society will be able to rely on them to stay in a rut the rest of their lives. What I have said about science holds in general: the more complex the society gets, and the more options that are open, the harder it is to mold young people into set patterns, and hence the longer it is necessary to keep them as robots, even up to an age that is way beyond what anybody considers childhood.

The question that I had set out to answer was, "Why do we have adolescence in our society through puberty and beyond?" In brief, the answer is that over the years society has required more and more time to break people in for robot-like roles, and therefore there is a delay in the period when the kinds of things associated with adolescence take place—the kinds of phenomena discussed in the last chapter, having to do with the transition from a state of dependence to a state of independence. A science post-doc goes through a period of adolescence at age thirty. Most people in our society go through their major adolescence in their late teens (rather than between one and four, when it would be normal), but they go through it again whenever they make a transition from a state of total dependence to a state of semi-independence, with all the attendant break-downs and rebellions and resentments. I think that in the kind of society that I have been advocating there won't be the phenomenon of teenage adolescence at all. Rather, all there will be is the kind of adolescence that I talked about earlier, between ages one and four, where the really significant life changes take place on the road to personal independence. But this can only happen in a society which has no need for the kind of robot-like training that now takes place.

I want to say a few final words about the role of a person age four and up in the family. I've assumed that a child up to age four is the object of care and attention, as is due to a developing member of the family. It seems to me fairly obvious that once children have reached the age of four or five they become adults to all intents and purposes and can take a full role in the family, a full share of the family responsibilities. Now what their share will be depends on any given family, but they have every right and expectation to be treated just like everybody else. That means, on the one hand, they have got to carry their weight and find ways to contribute to doing the family chores, and on the other hand they have got to be given all the consideration that all the other members of the family are given in serious decision making. The part about carrying their weight is not really very difficult to conceive, because in rural families and in other cultures this takes place all the time. It is fairly common that youths age five or six draw the water and feed the animals and milk the cows. There is absolutely no reason why they can't do normal things about the house; it doesn't mean they have to be able to do everything. It doesn't mean they have to be able to cook, for example,—after all, in most families not all the adults can cook. Nobody says that all members of a family have to be interchangeable parts. But it is clear to me that once children have reached the age of judgment, there has to be some way for them to carry their weight. The other side of that coin is something that is harder to conceive in our society—namely, that the same child has to have a full voice in the decision making in the family. That is extremely difficult to carry out in our male-dominated patriarchal society where usually the only person who really makes decisions in the family is the father, and ninety-nine times out of a hundred he doesn't even consider the opinion of his wife, let alone his children. Even in families where both spouses share decision making, it is very rare to find the children consulted on major deci-

sions. I find this state of affairs to be a complete anachronism and I do not see how it can maintain itself much longer.

Another consequence of this view is that children in principle ought to have the same mobility that the adult members of the family have. We restrict the mobility of children all the time in our society. The idea that children can regulate their time and their mobility like adults is one that we are going to have to learn to accept. I think that the realization that children are full-fledged members of the family is going to come soon after the realization that the woman is a full-fledged member of the family. In this respect, women are going to do a lot of the work for children. The major thing to break is the adult male dominance in the home. To be sure, once you break that, it doesn't automatically follow that children are going to get a full share, but at least it is going to be a lot easier for other legitimate contenders to stake their claims. I think we will see more and more families in which the adults have equal voices in decision making, and we will see many such families accommodate themselves in giving the children a full voice in family affairs more frequently than families in which the male is supreme.

In a sense this has been an anomalous chapter in a book on childrearing, with the message that from about age four and up you have simply got to treat children as adults and stop treating them as "children." There should be no distinction between your fundamental attitude toward a family member five years old and toward one thirty five years old.

Chapter 10

Illness, Accidents and Prevention

This chapter consists of a series of topics with a common theme. First, I want to review briefly what I said earlier about medicine as technology and as art. The technological side is revealed wherever medicine discovers a cause-and-effect relationship in connection with a disease. When this happens, it is usually a very short period of time before a cure or an effective prevention is found, and the problem is essentially solved. So, on the one hand there are a lot of specific solved problems in medicine, specific diseases which can be prevented or cured. These are usually recognizable by definite signs, and catalogued in books so that doctors or trained medical personnel can detect them and deal with them.

The part of medicine that is a technology does not require a very extensive training. In much of the world – and now in the United States – there is a separate category of medical professionals called "medical assistants" (or something equivalent), people with a certain amount of basic training, that really consists of the technological side of medicine. Cadres of these personnel, if they are spread around the country and given the proper equipment, can deal effectively with many aspects of public health, and even eradicate certain diseases from a whole population in a relatively short time.

The rest of medicine, the part that isn't defined with great speci-

ficity, is not a science, as it is often thought to be, but rather an art. It deals with disorders that are complex, often exhibit a wide range of symptoms, and have no simple known causes. They are ailments or problems that doctors treat with little success, often over long periods of time, without a resolution ever really being found. The bulk of medical practice is of this type. People suffer from something, they do not feel well, they feel they need some kind of help that doctors are able to provide, but they often don't get the results they are looking for.

You would think that, under these circumstances, the bulk of medical training would be devoted to preparing doctors for such situations. In particular, you would expect doctors to develop a fine feeling for what a healthy organism is, and to learn to cope with the problems arising from all sorts of deviations from health. Indeed, this is what medical training used to be until a couple of generations ago. An essential part of a doctor's education was learning how to get to know the patient—how to absorb all the little details – his smell, the way he looks, the color, the way he carries himself, his gait, his voice, all of the visible functions; and then, with time, how he operates, what his life-style is, what he thinks and does. All this could be brought into play when the patient came to the doctor complaining of some kind of trouble; it all helped the doctor put together some kind of an overall picture of what it is that could be wrong. The artistic aspect of this procedure was that a good doctor was able to relate all the complex symptoms and reactions to some sort of a beneficial regime that would ultimately help the patient get better, whereas an unsuccessful doctor wouldn't be able to do this. At any rate, for one reason or another, the artistic side of medicine has largely gone down the drain. Educators don't know how to train artists, they don't know how to provide a setting in which people can become creative artistically, so they don't know how to train great doctors. They have

concentrated instead on the technological side of medicine. The result is that the number of doctors who practice the art of medicine today is quite small.

This brings me to the second topic: what you should know about doctors. The main thing you should know is that most of them have been trained in the technological side of medicine and are not competent in the artistic side. This means, among other things, that all the aspects of medicine that you encounter in the community at large are technologically oriented. This is most glaring in groups or clinics where you often don't see the same doctor twice. But even with a so-called family doctor, it is often amazing to realize how little they know about you even though you may have been seeing the same doctor for fifteen or twenty years. Typically they have a horde of patients, whom they see at ten or fifteen minute intervals. They never come to your home, and as a result they not only cut down on house calls, but they avoid finding out what your home is like, what *you* and your life-style are all about. I am sure that almost everybody has had the experience of walking into the office of a doctor who has treated them for years, with some ailment, feeling absolutely awful, being told by friends who see them on a day to day basis that they look terrible—and the doctor says, "You are looking wonderful, what can I do for you?" They have some memory of you from an earlier experience, and they wouldn't know you're sick unless you were literally keeling over in their office. Certainly it is a common experience to go to a doctor not feeling well, to have them do the routine tests, and then hear them tell you that the tests show absolutely nothing—that all you need is a little rest, or something of that sort that doesn't help at all.

Knowing this about doctors and medicine helps you reach sensible conclusions about how to use them in everyday life. To begin with, you should, of course, take every advantage of their *strengths*. Use the technology to the hilt, both in health and illness. When

healthy, use all the tools of preventive medicine: immunizations, vaccinations, quarantines, cautionary avoidance, and scientifically established health-giving life regimes. When sick, use all the technological tools of diagnostic and curative medicine: tests, checkups, established medicines and cures. Use what is known, but always demand to know what you are doing, why you are doing it and how it has all been established. I cannot stress this enough. Don't turn your back on knowledge; to do so is the mark of a fool. But satisfy yourself that you are dealing with knowledge and not with fancy guesswork, or at least know what is known and what is not known, and base your behavior on your own judgment of the merits.

All this is true of the technological side of medicine. But what of the rest? Because the overwhelming likelihood is that you are just not going to be able to find a doctor who will deal adequately with the artistic side of medicine, the fact is that the chief health care providers for children have to be their parents. The parents have to fulfill that role by default. To do this, they have to make themselves extremely sensitive to the state of their children at all times. What that means is that as long as children feel and look all right, as long as they don't seem to be exhibiting anything peculiar in their behavior, leave them alone. There is no need to go running to a doctor. To be sure, there is a fashion these days to go to a doctor for an annual checkup; people are told to do that, especially after they reach the age of forty. Well, most children haven't reached the age of forty, and there should be no need for them to see a doctor as long as you keep a close eye on them and they feel and look generally healthy. The likelihood is that the doctor is not going to notice anything that you haven't noticed.

Sometimes you have to be more aware of children than they are aware of themselves, because children sometimes don't have the experience to know what normal functioning really is. This is especially true of very young children. For example, they could be quite

nearsighted and not be aware that there is anything wrong; but if *you* are aware of what your children are doing, you see that they are bringing everything up to their noses in order to make head or tail of it, and then you begin to get an inkling of the problem. The main point is to use doctors when you have good reason to believe, either by your own observation or the child's observation, that you are really in need of medical assistance.

I have to insert a word of warning here. I'm talking about developing an awareness of the child, not about hovering over the child all the time. All too often nervous parents constantly pick up every little change and harp on it – "Aren't you a little flushed?" "Aren't you a little cold?" – constantly examining their eyes, their ears, their throats, etc. By hovering over them and being a total nag about their state of health, you can easily develop hypochondriacal children. In particular, you can develop children who recognize that their state of health is something their parents are very anxious about, and that can therefore be used as a very effective tool to control their parents.

This brings me to the next subject: psychosomatic illnesses. Among the large group of illnesses that we don't know very much about there is an extremely large subgroup, consisting of psychosomatic illnesses. These disorders are related to a state of mind which affects the physical operation of the organism in a very real way; there is nothing imaginary about the physical distress the person feels. Little is known about psychosomatic disorders not only because so little is known about illness in general, but also because even less is known about the mind. What is important is to recognize that there is no such thing as a clear separation between the mind and the body. The two inter-relate closely all the time. Everything that goes on in people's minds will affect their physical well-being. This is another reason why a doctor, or a parent fulfilling much of a doctor's role, must always carefully observe the child's total frame of reference.

Now that ties into a second point, which is the way children use medical symptoms as a weapon against their parents, taking advantage of their general anxiety over the health of their children. Of course, adults too constantly use their physical state of health as a tool in their relationships to other persons. Adults often adjust the way they feel in ways that are calculated to arouse reactions from the people with whom they interact. But this happens with children so frequently that even the present artless state of medicine has recognized it to a certain extent, so that you do get a fair degree of awareness among physicians that many pediatric ailments are often psychosomatically induced, especially as tools against parents.

If you recognize in a given situation that the symptoms are related to some kind of a deeper psychological need, then you concentrate your efforts on identifying the primary need and fulfilling it directly. That's the real cure. By satisfying the primary need, you can hope to relax the mental tensions that generated the psychosomatic symptoms in the first place. This is far more effective than treating the physical symptoms directly – with tests, medicines, visits to specialists, etc. – all of which help the child get attention, but do not help solve the underlying problems.

This whole subject is especially important in child rearing, because children will often not be able to verbalize a lot of their problems, but will generate psychosomatic symptoms instead. This makes it all the more urgent to try in every way possible to locate and deal with the primary needs. The worst possible way to deal with these situations is to brush them off by saying that they are psychosomatic. That is the absolutely worst thing to say, whether to a child or an adult, because that doesn't cure anything, it is just enraging. Such a response not only doesn't fulfill the primary need, it doesn't even fulfill the secondary need of getting attention. If you are not capable of focussing on the primary need, at least cater to the symptoms so that

the person feels you are fulfilling *some* need. But just to turn on a person and say, "It is all in your head," doesn't satisfy anything, primary or secondary. On the contrary, it will probably arouse a whole new battery of psychosomatic symptoms on top of the ones that were there to begin with.

What about those times when you notice that your child is sick, and you take it to a doctor only to find out that it has some known form of illness that requires treatment which can't be administered at home? There are, after all, times when a child is ill enough to require hospitalization. In such cases, you should be prepared. Hospitalization in and of itself is one of the most brutal procedures that exist in modern medicine. The whole atmosphere of a hospital is designed to strike terror in a patient: its antiseptic environment, its bright white color, its fluorescent lights, its bare walls, its lack of companionship, its limited visiting (excluding the people who would normally give support), its smells, its awful food, its fearsome noises, its general ambience of sickness. What you would prefer for severely ill persons is a surrounding where they get the most support, where they can generate the greatest possible will to live, but what you get in a modern hospital is an environment that appears to be most calculated to make the patients want to give up the ghost. Just about everything they long for is missing: their familiar environmental cues, their friends, their families: instead, they are abandoned on a narrow uncomfortable bed, surrounded by sickness and pain, administered to by hurried, business-like people. This is a terrible situation for an adult to be in – but how much more so for a child! And this is in addition to the trauma of being sick enough to require hospitalization in the first place.

A parent has to move heaven and earth to counteract the many evil effects a hospital stay has on a child. Even if it means raising a terrific fuss, at the very least do everything you can to stay with your

child all the time, day and night. Fight to waive the restrictions on visiting so that it is possible for them to have friends and relatives around. Get them home as quickly as possible, by making every effort to provide as much care as you can in the home, even if this means getting extra help and spending extra money. This is a situation where money must not come into consideration, because you are talking about protecting your child from a major trauma of lasting consequence.

Finally a word about accidents. In case of a major accident, the procedure is obvious: rush to a hospital, and then keep in mind what we have said about hospitals. What I want to talk about is how to treat anything less than a major accident. Now, children are much more resilient than adults. Biologically this is an obvious survival mechanism. As long as an animal is not mature it is making mistakes all the time. The biological heritage takes this into account. As a result, children have marvelous recuperative abilities. Having accidents is part of growing up, and the average mishap should be left alone. The average accident doesn't have to be treated any more than the average mistake in speech, or any mistake that a child would make. The whole purpose of the mistake is to learn, and once children learn, presumably they will know how to deal with that situation later. By contrast, adults are not as well adapted to accidents as children: also adults are impatient with children when they don't know everything that adults know. So when adults see a child have an accident in a certain situation, first of all they are likely to be angry with the child for getting into that situation, and then they are likely also to hover anxiously over the child, because they project how much it would hurt them if they had that accident. Before long a neurotic pattern of over-protecting children is generated. For just as you can produce hypochondriacs by being neurotic about illness, you can produce frightened, fearful, accident-prone, spoiled children by neuroti-

cally paying attention to their accidents all the time. It is invariably the case that if you do not pay attention to the average accident, the child will get up and walk away from it, even if it hurts. But if you get into the habit of jumping with fright, of hovering over the child, of crying out "Oh, you poor child," you rapidly develop a child who is going to scream and yell and carry on and demand an awful lot of attention, not because it has anything to do with the accident, but because it has become dependent on excessive parental attention.

I think the main reason parents are so intolerant of accidents and react so poorly to them is because they really do not want children to learn on their own, or they do not accept the idea that children can learn on their own. And the best way to show this is to overreact and over-protect children and to turn accidents and mistakes into a "bad" thing. Because to the extent that you are able to make children view an accident as abnormal, you are robbing them of being comfortable with one of the chief mechanisms of learning and self improvement.

In summary, the overall message of this chapter is simply this: for the most part, children are resilient with respect to illnesses and accidents. The best thing is to just let them alone, realizing the inherent limitations of modern medicine and modern doctors, and trying hard to be sensitive to their needs. When perchance you are faced with a situation that requires serious medical attention, get it as quickly as possible. At that point, you have got to be very protective, and see to it that the psychological evils of technological medicine are counter-balanced by all the support and care that you can muster.

Chapter 11

Physical Contact and Sexuality

There are three reasons why a lot of physical contact is necessary for an infant. To some extent these reasons apply to older children and adults too, but I would like to begin by focussing on infants during the first year of their lives. The most important reason is to develop a sense of security. As I have stressed, infants are totally dependent on protection and care from the outside in order to survive and, in addition, have no means of verbal communication with those on whom they depend. In this rather pathetic situation, physical contact is the primary means through which a feeling of security can be transmitted.

The necessary physical contact is something really substantial. It involves conveying warmth to children, holding them closely – not just poking them with a finger or holding them gingerly in outstretched arms. It doesn't mean putting them down in a crib and lifting them every so often to admire them, or fondling them from time to time. The more you can keep an infant close to your body, the more that essential sense of safety from outside danger is strengthened.

This need for physical contact to develop a sense of security is something that is primary when the child is newly born, and can be expected to diminish as time goes on. Still, it is true of adults too

that when they are frightened or anxious or undergo great stress, physical contact with somebody who offers solace and support can re-awaken feelings of security. The difference between children and adults is that you can engender a *life-long* sense of security if you take proper care of your children during the period when they are dependent; whereas if physical contact is missing later in life, it is very sad, but it does not have the psychologically devastating effect of early childhood deprivation.

The second reason physical contact is important to young children is to enhance the development of their tactile sense. This is a matter of physiological importance. The entire skin contains sensory apparatus for tactile contact with the outside environment. Of course, there is no way children can be totally out of touch with the outside environment even if they are lying in cribs swaddled in blankets; they are going to be in touch with *something*. But the importance of holding children, carrying them around, and constantly changing their tactile inputs can't be exaggerated for the development of a healthy, sensitive sense of touch. It is easier to explain this by comparison with the other senses. For example, children will develop their sense of sight regardless of what is around them, since their eyes simply develop with time. However, a children presented with a single, unvarying field of view day in, day out, will develop less of an ability for visual refinement and discrimination in that kind of surrounding. Similarly, children who are only fed rice boiled in water and have never tasted anything else will not develop the same differentiation in their senses of smell and taste that they would if they were allowed to come into contact with a variety of foods. In the case of the sense of touch, I think that early stimulation and variety are even more important. Touch can be highly refined if properly trained. We know this from the experience of blind people who can almost "see" an object just through feeling and touching it. There is no reason why

people who are not blind cannot develop almost as refined a tactile contact with their surroundings if their sense of touch is not allowed to become dormant. Sadly, it is not unusual for people to be hardly able to distinguish anything with their hands, or with other parts of their body, if their senses have not been stimulated in early life.

A third reason for the importance of physical contact is that it is an essential component of a warm relationship between children and their parents, or between children and other people. Physical contact is one of the most important mechanisms of personal interrelationships. It is not an accident that the word "warmth" is used to describe closeness between people, because the actual act of embracing another person is an integral part of forming a close personal relationship. You can develop intellectual relationships with words; you can develop emotional relationships through sight and hearing; but the kind of relationship that involves *warmth* between people—warmth that can nurture concern and care and sympathy—depends on the presence of a physical component. Children who are accustomed at an early age to being held and caressed and hugged have a much better chance of developing into warm adults.

In a strange way, this is both a controversial and a non-controversial subject. On the one hand, pretty much everybody you talk to about child rearing will say that it is important to have physical contact with children; this is something that you read in almost all the manuals. On the other hand, the subject becomes rather touchy and controversial when you come to assess how important it is, and what is meant by "physical contact." Just about everybody thinks it is important to handle a child; very few books will say that the ideal situation is to put children in a box and to feed them with automatic feeders. But the kind of handling that most people mean when they talk about physical contact goes up to a point, and no further. What I want to discuss is where that point is and why people draw a line there.

Basically it is the erotic component that makes people uneasy. What they always feel hovering over them is the danger that they are going to get involved with sexual arousal, which would have unacceptable social and moral consequences for everybody concerned. Actually, all the senses have an erotic component, not just the sense of touch. There is clearly an erotic side to sight, to smell and to hearing. This has been recognized for thousands of years and has been reflected in all kinds of societal taboos which have kept people of the opposite sex from having any sort of contact with each other in order to prevent sexual interactions. So you have to start from the realization that there is a sexual side to human nature which involves the full range of human senses and intellect. Knowing this, you have got to resolve your basic approach to sexuality first, and once you have decided this, then you are going to have to find a place for the senses. But don't single out the sense of touch, or any of the other senses, and say that this one in particular has to be kept under control.

What, then, is there to be said about sexuality in childrearing? Clearly, society has a choice of how much freedom will be allowed for the development of that side of human nature in children. This is a *societal* decision, just like practically everything else about individual development. Are you going to allow the sexual side of human nature to develop in an unfettered manner, or are you going to curb it to meet certain cultural needs? We are going to come up with exactly the same question when we discuss learning and curiosity. There, too, we will see that curiosity and learning are a part of human nature, and it is up to society to decide if it is going to let this side of human nature develop freely or not.

Now, you might expect from my whole approach to childrearing that I would argue for the free development of sexuality. In fact, however, I think this is an area where we have to admit that there are norms that are going to exist in our society for a long time, and are

not going to vanish in the foreseeable near future; and although certain individual families may feel free to raise their children in any way they want, I don't think it is reasonable to assume that large segments of the population are going to choose the path of sexual freedom. So here we are faced with a very practical question. If you accept the general approach to childrearing presented in this book, and yet find yourself committed to curbing sexuality, how in this framework is it best to curb it? In this regard, I would like to argue that if you choose to curb sexuality, you should do it in a particular way to get better results: namely, in a rational fashion, through use of the child's *intellect*. Whereas the worst way to curb it is the way people do it now, early in infancy, using nonrational, emotional methods, with heavy reliance on the tool of guilt.

The prevailing way society now imposes sexual restrictions is by enforcing certain taboos during early childhood, and instilling a deep sense of guilt in anybody who transgresses these taboos. The entire process produces far-reaching side effects; it does more than squelch sexual behavior. It makes the child extremely susceptible to all sorts of manipulation and it reduces the initiative of the child in a lot of areas other than just the sexual one. When you introduce sexual taboos and guilt in infancy, what you produce is children who are constantly afraid of doing things that might be considered wrong, and who are constantly going to feel guilty that they have done something wrong. They are going to be terribly insecure, *because they don't understand*. The prohibitions have not been explained. They seem arbitrary. Children become accustomed to the idea that the adults around them are liable to restrict them with incomprehensible taboos at any time. The result is a character type that is common in our culture today – the type that is always anxious, and never really secure about doing anything decisive; the type that is guilt-ridden, always concerned that from somewhere some authority is going to

emerge to announce that they have done something evil. Indeed, it is an almost inescapable conclusion that this is precisely what our society wants to produce when it introduces strong taboos in early childhood: it wants to do a lot more than just suppress sex. It wants to break people's will, make them malleable, and manipulate them through the mechanism of irrational early childhood prohibitions that lead to a generally high level of anxiety.

The process also has another by-product which appears to be the opposite of what you might think society wants, but actually plays right into society's hands. I am referring to the by-product that people who have been irrationally restricted become *preoccupied* with the things that have been tabooed. On the one hand they are terribly guilty about these things, but on the other hand, because of their complete lack of understanding of why these things have been forbidden, people develop a neurotic preoccupation with them. So, at the same time that certain things are being ruled out of everyday practice through suppression, they are in a sense being ruled into the mind more and more as time goes on. This process goes on into old age. One of the most common phenomena in this culture is that as people get older and start contemplating death, they develop increasing feelings of guilt about the way they have lived, and more concerned with seeking ways of salvation, ways of erasing their sins and setting their lives in order.

The odd part of all this is that the preoccupation plays right into the hands of society no less than the original suppression did, because the preoccupation keeps the prohibited behavior from becoming actualized. For example, the more you think about sexual guilt, and the more you worry about it, the less apt you are to deviate from the prescribed realms of sexual behavior. In general, people who worry a lot about keeping out of trouble rarely have their minds free to do anything "different" and original. I think it is a nice fail-

safe system all around, one which serves to keep people in line as far as actual behavior is concerned.

Now, a major aim of this book's approach to childrearing is to produce freer, less inhibited, more creative human beings who are able to realize their full natural potential. Which brings me back to my point of departure; namely, my plea that if you feel it is necessary to suppress certain types of behavior, this is something that is best done *through the intellect*, rationally, rather than through irrational psychological mechanisms. And that means that the suppression has to be postponed to an age where it can be handled by the child's intellectual apparatus. Let us see what this implies for sexual behavior. First, it implies that you give the child's sexuality free rein in the early years. Whatever you think may be going on in the realm of eroticism in a very young child, let it alone as long as the child is inaccessible to rational discussion. Don't mess things up by introducing the kind of taboos that we have just been talking about. It does not take much analysis to realize that infants are not going to break any of these taboos. What you are really concerned about is that they will grow up in such a way that later on they will break the taboos. But for the time being, you can leave them alone. As the child develops, the best way to introduce curbs is to bring them out into the open, discuss them, and explain exactly why it is that you think they should apply. Where you go from there is strictly a matter of personal taste and belief. Some parents find it enough simply to make known the fact that society doesn't condone certain behavior; others might say that they too find the behavior wrong, for personal and philosophical or religious reasons; and so forth. Each family has to work that out for itself. But the central point I am trying to get across is that children who have been allowed to develop sexually in their own completely unfettered way in the early years, and later on have been given to understand rationally that there are certain kinds of behav-

ior society frowns on and you want to curb – such children are going to be able to find a way to cope with the restriction one way or another *with the aid of their intellect and reason*. They will not be ridden with guilt, nor wondering who may be about to punish them; and they are not going to be easy to manipulate. As a matter of fact, they will probably come up with some very original ways of meeting society's needs while still developing a life style uniquely their own that can satisfy themselves and society as well.

For a long time it was argued that there was no sexuality in early childhood. Nowadays, we don't argue that any more. Freud fought that battle for us at the turn of the century. Now the problem is for every family to find its own standards of sexual behavior, to promulgate these standards on a rational level of discourse, and then let their children work out on their own a way to meet these standards.

This brings us around full circle to where we started. It should now be clear why I have said that physical contact per se doesn't have special significance in this connection. Physical contact is just one of many avenues to the world in general, and to eroticism in particular; and there is not going to be any more danger of physical contact leading to unwanted behavior than there is of any other avenue leading to unwanted behavior. On the contrary, once you have separated sexuality from physical contact, it is far easier to allow the normal development of warm physical feelings with no explicit sexual overtones. Physicality then becomes an integral part of a warm relationship with another person.

Why, then, have physical contact and sexuality been linked for so long? I cannot help thinking that it is part of society's methodical campaign to brutalize and dehumanize people. By creating a link between these two quite different phenomena, and then severely repressing sexuality, society has managed to curtail (if not abolish) the normal range of physical contact between people, with the

inevitable result that the interpersonal warmth and empathy and mutual security that flows therefrom have also been curtailed (if not abolished). Once you lift the restrictions, you will revert to a society of people who enjoy each other physically and are capable of feeling genuinely warm towards each other – a much more humane society, one that is not even capable of the brutalities that people are capable of today.

The more I think about childrearing, the more painful is the realization that society has managed to produce people who take pride in being violent and cruel and hard to each other. The end product – the dehumanized human being – runs counter to every natural instinct that people are born with. When I think of people marching off to wars, or showing off their weapons, or boasting of their bloody feats, I shudder at how masses of people have come to accept behavior that wouldn't even cross their minds if they had been allowed to develop in the atmosphere of natural warmth that they should have been exposed to in early infancy.

Chapter 12

Sleeping

Originally, I called this chapter: "Sleeping, the Root of All Evil." You will soon see why. There are three aspects of sleeping I want to discuss: (1) how much; (2) when; and (3) how. The third is by far the most important, so I will leave that for the end.

How much sleep does a child need? Many books get very specific about it: up to a certain age, a certain number of hours every night. Actually – and this is a familiar theme by now – there is hardly anything concrete known about the amount of sleep either adults or children need. In fact, it is difficult to come up with a meaningful study on the subject. What we do know is that there is an incredible range of subjective sleep requirements in adults. Most people know this informally, from hearing about the experience of their friends and acquaintances. Also, we read about famous people who needed only a few hours of sleep every night of their lives (Thomas Edison was reputed to be one such person) and other people who feel that they need ten or twelve hours sleep every night to function well. The reason for this great variation is that a lot of factors go into determining the sleep requirements of an organism. Some of them are purely physiological needs, but since we don't know how to separate these needs from others, it is impossible to determine the number of hours of sleep required to satisfy them. There isn't even a good theory about the nature of the physiological function of sleep. In fact, very little is known about what sleep really is, except in a gener-

ally descriptive way. Most studies of sleep essentially describe what happens to the body when a person goes to sleep – what happens to the brain waves, to the various physiological functions, etc. – but *why* the body sleeps, or what the body is doing while it sleeps, are questions that as yet have no answers with which people feel comfortable.

It is a very mysterious thing, sleep. In addition to serving unknown physiological functions, it also serves psychological needs. For whatever else sleep does, it is a way of shutting off some of the activity of the upper part of the brain (although it is obvious that much of the brain is wide awake throughout any period of sleep). We all know that we use sleep to escape from conscious contact with the outer world, and obviously the amount of sleep we need for purposes of escape depends on our psychological state at any given time, something that can vary enormously at different times in our lives. Everything that is true for adults applies also to children: children use sleep to escape too. But we don't know any more about it with them than we do with adults.

If you look at what children actually do, you can be quite amazed at the enormous variation in the number of hours a day that they will sleep. This is true of any given child over time, and of any group of children at any time. If somebody tells me that their child gets five hours of sleep out of twenty-four and nevertheless seems to have boundless energy, I am no more surprised than I am to hear of other children who sleep twelve hours a day. That is really all there is to say on "how much."

The second aspect of sleep that I want to talk about is "when." This subject is clearly not related to any abstract theoretical concept. Rather, it is cultural, and it is usually determined by when the parents want to get rid of their children. There is simply no argument other than parental convenience for putting a child to sleep at any given hour.

The whole subject is extremely distasteful to talk about. To begin with, you don't think about putting adults to sleep. At least you don't put it that way. Telling someone it's bedtime is just not the kind of thing that you would do in grownup company. Having said that, in the context of this book it should be clear that there can be no reasonable justification for that kind of thing with children either. There is just no reason to treat a child differently than an adult. When children are ready to go to sleep, they should go to sleep. Otherwise, there is no need to cart them off to sleep at any given time.

It is really a "yes-no" situation, pure and simple: either you put a child to sleep, or you don't put a child to sleep. It is not a question of arriving at a "reasonable" bed-time. This is another area where I run head-long against the progressive trend. The old, conservative approach was that a child should be in bed by a fixed, early hour: "early to bed and early to rise." The progressive approach that has taken over in a great many homes is to be "more reasonable" about it: you don't really have to put your child to bed at 7:30, you can let them stay up until 8:00 or 8:30; and if they are older there is really no reason not to let them stay up until ten or eleven every now and then if they don't have to get up early for school the next morning, etc, etc. It's the "We can give them a little more latitude" approach, which basically boils down to deciding how much you are ready to let children get on your nerves before you finally clamp down and ship them off. If you just turn around full-circle and realize that it is simply none of your business when any person goes to sleep, you'll stop considering the whole subject, period. Children will go to sleep when they want to go to sleep, and that will be that. Perhaps at times it makes sense to suggest sleep to the child, just as you might feel justified making such a suggestion to an adult. There are people who would do both, and at least they are consistent. But it should not go farther than that.

How children ought to sleep brings us into completely new territory. As usual in such situations, we should begin by inquiring: how do they want to sleep? More specifically: how does an infant like to sleep? A young child? An adult? When it comes right down to it, most people would find themselves unprepared to answer with any conviction. Western culture has a standard answer – namely, that every person (except perhaps for married couples) should have a private bedroom. Indeed, the average American family feels deprived if they don't have the money or the freedom to provide every child with a room of their own. So the question of what the child really wants seems academic in this culture until you examine where the accepted answer comes from.

To begin with, it is obvious that this is a modern Western answer. That certainly isn't the way people lived in the past, or the way most people in the world live now. In order to take the analysis one step farther, I think it is worth digressing and reviewing something we have already discussed–to wit, the question "What is Western culture after, as far as the family is concerned?" The answer: it seeks to break the strong instinctual ties that bind members of a family together. The fear is that as long as you have very strong bonds that make people prefer the family over all else, you cannot satisfactorily create larger social units that will function smoothly with loyalties and commitments that transcend the family. This is something talked about in the literature very widely. For example, one of the main obstacles to the progress of emerging African nations today, as seen by Western anthropologists, is the remaining strength of the tribal and family units in Africa; and it is widely held that as long as these units predominate, Africa will remain backward. It is a cardinal element in our technological culture to try to produce human beings who are as much as possible free of the kinds of ties that they are endowed with by nature, and who are as a result able to create throughout their lives

new ties that are deemed more useful to the society at large.

I have already mentioned that one way to break the natural, instinctual ties is by downgrading or eliminating nursing. But the most important single element in the process of breaking family bonds is taking children and, from the moment of birth, iso-lating them physically from their family; placing them in a surrounding that is without the physical contact and warmth that is naturally required in infancy. All the instincts of the mother, father, and even siblings, are to caress infants, to be in contact with them, to feel their presence. Through-out the mammalian kingdom we find that the young need to be in contact with other members of the family or group. What *we* do is intercept that root need at birth. We don't waste any time.

The culture reinforces its initial act of separation by making it a social necessity to have all the paraphernalia of isolation for the baby—a crib with bars (and if the bars aren't high enough, the store will sell you extension bars that are higher so that the baby can't climb out); playpen, which enables you to extend the isolation to day-light hours; and in case there is "too much clinging" as the child grows older, other social pressures and devices are brought to bear. And above all, it is considered a positive necessity for children to have their own rooms.

The calculating callousness of the culture in this respect is awe-inspiring. Consider this: a little later along the line, the culture becomes interested in the promotion of marriage. To be sure, I am going beyond the subject of childrearing to talk about marriage, but just let me turn to that topic briefly in this context.) Let me put it this way: the culture expects couples to sleep together. Think about that for a minute. What's going on? All of a sudden the culture says that there is a certain situation where sleeping together with anoth-er person is not only acceptable, but it is desirable, indeed, it is

absolutely to be preferred as the proper, healthy way to live. Why the about-face? And then it slowly dawns on you what is going on. The culture still remembers – it has never forgotten – to what extent the human animal, regardless of age, craves instinctually for live companionship and contact during the sleeping hours. It, therefore, uses this need as an additional bond to cement the marriage relationship and make it strong. The culture seeks and finds numerous ways to do this, one of which is to declare it proper for two married persons to sleep together, so that it becomes very comfortable to have a spouse. It's an image that is used extensively in the literature, from the Bible on—to have a person who warms your bed as you grow older, etc.

Let's think about the question from a slightly different angle. An animal is most vulnerable when it is asleep. That time is the most exposed one in the day, the time that the animal is least alert to its environment. It is therefore clearly the time when the animal most seeks the comfort of friendly support and protection. It is hard to think of anything that could be more effective in enhancing the sense of security of a sleeping human (or any sleeping animal) than the knowledge that someone else is close at hand. And contrariwise, hardly anything could be more unsettling than the feeling of isolation and exposure. Indeed, I believe it to be a deprivation to be avoided, if at all possible, ever to sleep alone, whatever your age. In particular, I feel that one of the worst things that you could possibly do to your children is to have them sleep alone. The degree of harm is greater the younger the child. I have already talked about this at length. Every night you sleep with your children from birth on, you are building up their reserves of internal security. If, as your children grow older, you find yourself less and less able to sleep together with them, and cannot arrange that others sleep together with them, they are more able to cope with the situation intellectually, no matter how hard it is to cope psychologically. Therefore, the older the child, the

less harmful the withdrawal becomes.

Obviously, the idea that the best way to sleep is together with someone else leads directly to a consideration of physical contact and eroticism, which I have discussed in the preceding chapter. Here it is only necessary to make one point. The culture has clearly related physical contact, especially during the night, with erotic contact; for example, finding five or six people sleeping together is considered equivalent to finding a sexual orgy. More than any other reason, this is why we consider it improper for a family to sleep together; we think immediately of incest. I have already talked about the falseness of this association. Here I simply want to stress the importance of close physical contact, especially during sleeping hours, for the healthy psychological development of a child, and for continuing serenity throughout life. It is difficult to exaggerate how strong a feeling of security is generated by this practice; how easy it is, for example, for someone who wakes up terrified by a nightmare to be pacified by the soft touch of an extended arm; how often people who start out sleeping at opposite ends of a bed wake up in the morning and find themselves just touching each other, as a signal that the other party is there. In the case of very young children who sleep by themselves, when they wake up they always cry bitterly—not just a cry to call you, but a cry of upset, generated by their fear of abandonment. Often you have to hold them for a long time just to calm them down. How different it is when your children sleep with you and find you nearby when they wake up. How much more quietly they awaken and how much happier they are throughout their waking hours!

In my opinion, the essence of human warmth is realized through physical contact from birth on, and nothing brutalizes and dehumanizes a person more than breaking that tie at birth and keeping it broken for years. That trauma alone is enough to account for the brutalization of Western culture. It comes as no surprise to me that people

are capable of violence to other people, or tolerating violence in other people, or showing themselves to be inconsiderate or unsympathetic or unfeeling of other people, when at birth they were abused in a way that is almost beyond repair. Because in early infancy, when they most needed the care and consideration and warmth of the other persons around them, it was systematically denied to them, and the only lesson they could have taken away from that experience is that brutality is the way of the world. No amount of preaching about love will turn Western civilization away from its inherent brutalized violence unless we resume sleeping together with our children.

I am well aware that these statements sound weird and extreme, and yet I believe that the more you consider the matter, the more you will see the validity of what I am saying, and the more you will perceive a clear image of what I am talking about. After all, I am not talking abstractions. Go to a nursery in a hospital and contemplate it for a while. The nursery is a model of Western progress. Talk to the hospital personnel, even where they are all involved in natural childbirth and rooming-in and nursing, and they will tell you that they have to keep newborn infants in the nursery during the first hours so that they can clean them and measure their pulse and watch their color and whatever else is done to make sure they are all right; so they place newborn infants in a little box for this purpose, and let all the relatives proudly gape at them through a window. Or think about sending a three year old to bed in a room alone – no, think first of how lonely an adult feels when travelling away from home. This is legendary; it is part of our literature, another aspect of our culture. Who is more lonely than the solitary traveller in a hotel room in a distant city, for whom we have endless sympathy. But who thinks about the child that the very same adult sends to bed alone every night at home? That's a brutality that we inflict night after night. We turn our infants into lonely travellers from birth, and once we have

done that, there can be no wondering that we have raised a race of lonely, alienated people, violent and brutal and apart. As far as I can see, until the root experience is totally reversed, until families start sleeping together, there is no hope for humanizing Western culture. Of course, this alone will not do the trick, but it is an essential starting point for all else we must do in this direction.

It is true that reinstating the human bonds that were broken to achieve our technological civilization will have far-reaching effects on the rest of the culture. In my opinion, that would be one of the most desirable outcomes of the whole effort. Some of the basic features that we have come to hate most in our culture will begin to disappear. As they go, we will be able to turn our efforts to finding ways to protect the positive gains that we wish to retain.

When it comes right down to it, everything I have said depends on viewing *sleep* as something you need to do when you are tired. Period. You want to do it in a secure place, with other people close by in mutual protection. Once you focus on the basic function of sleep, your whole attitude towards environmental factors changes. Consider the following example: the idea that you need to have perfect quiet for sleep. What a perversity! Nothing is more terrifying than quiet. Put an animal in an absolutely quiet surrounding and it will go crazy. Normal environmental noises are part and parcel of the secure milieu to which an animal adjusts. This holds for humans, whether children or adults. It is much easier for a child to fall asleep in the midst of the sound of familiar voices, and it is much easier for an adult to fall asleep that way too. Except that so many adults have been ruined by having been trained to sleep in complete quiet, that adults are often in a state of terror when they sleep. But to the extent that some of us have not been completely ruined that way, we know that when we are very tired we have no trouble "flaking out" while the ordinary family noises are going on around us. Of course, one

doesn't want to keep on sleeping undisturbed during an earthquake, or an explosion that should wake people up. But that's what it is all about: sleeping people are normally always aware of their surroundings to the extent that if danger threatens, they can get right up and run. To cut out the normal environmental noises, as we are usually told to do, in order to create around a sleeping person a deathly silence, is just another element in the campaign of terror we inflict on our children when we put them to sleep. The whole idea wouldn't even come up if children just fell asleep when they were tired in the midst of the family, instead of being carted off to their isolation cells at a time of their parents' choosing. In that connection, I might add that it is quite usual for people to flake out just anywhere when they are tired. However, when you have a family "lair" used by everybody as the regular place of sleep, it becomes a secure place which all members of the family come to associate with sleep. In such circumstances, I wouldn't necessarily send a child (or adult) to the lair to sleep, but eventually it develops naturally into the place where the whole family usually sleeps together.

A final footnote on a fear often heard as an objection to sleeping with newborn infants or with tiny children: It is often said that there is a danger that the adults will harm or even smother infants accidentally during their sleep. Nothing could be more absurd or pernicious. The body is quite aware of its immediate environment during sleep, and is naturally cautious about dealing with that environment. In fact, what is operating at all hours of the day and night is a *protective* instinct, which shelters and guards and comforts the infant at all times—an instinct possessed not only by the mother but by all members of the family (indeed, by all adults), and which is (like all instincts) strengthened and perfected by allowing it to function fully, during sleeping and waking hours. No child could be safer from sudden harm at night than the child who sleeps in the midst of a sheltering clan.

Chapter 13

Eating

Before talking about the parent-child interaction concerning food, there are a few mythologies that ought to be cleared away. The greatest myth of all is that we know the body's need for various nutrients. This idea finds itself displayed practically universally. You pick up a cereal box or a box of crackers and you can read on the side what percentage of the daily requirements of vitamins or minerals are contained in each portion. You read books on health, or cooking, or hygiene, and they all tell how many vitamins are needed, how many calories are needed, how many unsaturated fats, and so forth. It is really very difficult to escape the feeling that these people know what they are talking about.

To appreciate the actual situation, we must start from scratch. If we study the question, we find that nutritional problems always reveal themselves in extreme crisis situations where there is some severe malfunction of a living organism. In such cases, medical science can correlate certain nutritional factors with certain kinds of malfunctions. The classic example is the way epidemics of scurvy aboard sailing ships were traced to the lack of a nutrient that is provided by citrus fruit, and the disease was virtually eradicated by introducing lemon juice (and later Vitamin C) into the regular diet of sailors. That's really a simple, straightforward and elegant example of the kind of thing medical science does well, over and over again. Another classic case occurred in Southeast Asia where elements of

the population became severely ill when their main dietetic staple changed from natural rice to polished white rice, a problem that could be traced directly to a newly missing component in their diets. One learns an awful lot about minimal caloric requirements from famines, or concentration camps, or POW camps, when starvation causes people to begin dying off at a high rate. To be sure, people die at 3,000 calories a day too, due to physical and psychological stress, but they die in larger and larger numbers if you lower the caloric intake, and below a certain level they all die. This kind of experience provides some scientific data about caloric requirements. The point is that the knowledge we have about nutrition almost all comes from situations of extreme deprivation which enable us to say in a definitive manner that certain types of malfunction and/or disease virtually always are associated with certain states of nutritional deprivation. Even that statement requires qualification because even that depends critically on other factors in the population studied – genetic factors, other aspects of the nutritional makeup, the climate, and the overall physical, psychological and cultural environment. Even what you learn from a crisis situation doesn't necessarily apply to all human beings of all ages, conditions, and genetic makeup in all parts of the world. Unfortunately, medical and nutritional science all too often extrapolate what is learned in particular situations to the entire human race under all conditions. Add to this the frequent extrapolation from animal studies to humans, and you can appreciate that, frequently, we do not have an adequate basis to conclude *even in extreme situations* that people missing a certain component in their diet all over the world to the same degree will react in the same way. Indeed, this conclusion is almost certainly not true, since all other factors mentioned above have to be taken into account and we know hardly anything at all about them.

Now if you go one step further, you realize that, once we get

away from crisis situations, we know even less. The notorious vitamin C controversy is an excellent example. We do not have the vaguest idea of the "proper" level of intake of vitamin C. We know from crisis situations – scurvy, for example – that if you don't ingest vitamin C for long stretches of time, there are serious pathological consequences. But we have no way of telling whether the body should have 30 mgs, 500 mgs, or 5000 mgs a day to keep healthy. Similar considerations apply to saturated vs. unsaturated fats, and so forth. We are groping in the dark and we have got to realize we are operating in a situation where technology and science really don't help us at all.

That's a good starting point for a discussion of parental relations to children about food. If you realize that you are operating in an abyss of ignorance, *then you can fully appreciate the importance of keeping your hands off*. The starting point is a hands-off policy because you honestly don't know much more about feeding your children than they do. So you can safely assume the *a priori* attitude of leaving eating matters up to them, and you restrict that freedom with reluctance only when you are possessed of hard data that forces you to intervene in a certain way.

This is generally a sensible approach – to start with the attitude that people should have completely free choice to do whatever they want and to demand strong justification for any limitation on that freedom. Let's see where this leads us with regards to a child's eating, considered chronologically. A child is born. Leave newborn infants to their own devices and what is it that they will choose? We all know the answer: their mothers' milk. That is a clear starting point and it enables us to let children lead the way from the time of birth. If we do this, one of the things we find out is that children will continue to prefer their mothers' milk for an incredibly long time. So this is the first place we begin to depart rather markedly from current practice in our society, as we saw in the chapter on nursing. Most author-

ities insist that you've got to start feeding children supplementary foods by about the third month, although it should be fairly obvious that, in this matter, the survival of the human species speaks for itself: if such supplements were really essential, there would not be a human species, since it is certain that for the million or so years that *homo sapiens* have been around its infants haven't had supplements administered around the third or fourth month.

Let's continue. Part of children's growing up is learning how to eat like the adults around them. Virtually all children notice sooner or later what their family eats. They see adults putting things in their mouths, and since children have a natural instinct to put things in their mouths in order to taste and feel, it is perfectly normal for them to become gradually involved in the eating processes that they see going on in their surroundings. As time passes, they want more and more to test out and partake in the eating rituals of adults. It is at this stage when it is crucial to give children the same freedom the adults have – namely, the freedom to choose what they want to eat. They will have likes and dislikes, they will try some foods and they won't try others, some will be repulsive to them because they don't look or feel right, others will appeal to them, and so forth. The whole point is that children are people, and they will react in just the same way as adults if they are given the opportunity to do so. There is absolutely no reason to abridge the freedom of children to find their own way into the adult eating world.

No *nutritional* reason, that is. But beyond purely nutritional arguments lies a simpler reality: the pressure to intervene in children's eating habits arises primarily from social causes. The culture has a desire to manipulate and control children from the very earliest age, and to get them used to not having their needs and wishes met. And the intervention in eating – which is after all one of the basic drives of all animals – is a very important tool for achieving this societal goal.

What about the danger of dietary deficiencies in children? Generally, if an animal is deprived of certain requirements in its diet to a pathological extreme, it will actively seek to repair the deficiency by finding foods that will make it up. This is a feedback mechanism that makes it possible, and even necessary, to rely on the free choice of children in matters of diet, given a wide enough variety of foods to choose from. Of course, the whole argument is valid only if the environment has in it enough variety for real choice. This is the one major nutritional problem in modern American society. We have so artificialized our eating environment that many homes simply have stopped having any significant variety in their foods. Instead, what you find in home after home is an extremely narrow dietary range of foods – such things as frozen french fries, potato chips, instant whipped potatoes, white rice, hot dogs, baloney, white bread and rolls, cookies, candy, soft drinks, and perhaps some eggs, butter and milk. All you have to do to see this for yourself is spend a few hours in a supermarket looking at people's baskets to see what they buy. You'd be amazed at wagon after wagon with no fresh vegetables at all, no fresh fruits, but just sweets and snacks and processed foods. This is the kind of situation that gave rise to the interest in health foods.

What is dangerous in homes like that is that, when a person starts developing a nutritional deficiency and begins to crave certain kinds of food to make up the deficiency, the necessary foods are not available in the environment. The situation is worse with children than with adults, since adults have mobility and they can fill their deficiencies in ways that they are not even aware of. They can pick up a vitamin C enriched orange drink when they are at the ball park, or they can have some lime juice in a drink, or order a BLT when they are on the road and get some lettuce and tomato in the deal. With children, then, there is a problem that people have to be aware of. In

order to allow children the free choice they require in their diet, the home environment has to have enough variety to make up whatever deficiencies the children's feedback mechanism forces them to notice and repair.

The last thing I want to mention is the rather obvious point that the environment also has to be monitored carefully for poisons. Most people are aware of this necessity when it applies to medicines, less so when it applies – as indeed it does! – to foodstuffs. This applies particularly to things like sugar, which is the most common poison used in our culture, as I have already stressed in an earlier chapter. Like its relative, alcohol, sugar is addictive and creates an ever growing need in the system for more and more, to the point where the system is no longer able to keep itself alive. I suspect that initially a child's intake of sugar and alcohol will mimic that of his parents, but I am not sure; at any rate, the problem of regulating or eliminating these and other poisons is one that cannot be ignored.

I have stressed mostly the positive aspect of following your child's own inclinations with regard to food. However, I cannot end without mentioning the distinctly negative effects of interfering in your child's eating habits. People are coming to be much more aware of the fact that a lot of problems that people have at a later age – for example, with overeating – can be traced to the ill effects of parental intervention in their childhood. Indeed, such a high percentage of the general population has one neurotic manifestation or another with regard to food, that it is virtually a universal curse in our society. How much of this is due to general factors and how much due to specific early childhood experiences with eating is not known, but it is certainly worth trying to take at least one step in the right direction by starting to keep our noses out of our children's plates at the dinner table.

Chapter 14

Learning

There are many ways to approach this subject. One is to present a theory of learning, and draw some conclusions about child rearing from it. However, I don't think it is necessary to start from a specific theory in order to make the important points. I think a lot of people who don't even have an articulated theory of learning, but just have common sense and a pair of eyes in their heads, and the ability to free their minds from some widely held prejudices – I think people like that can share some important conclusions about child rearing without sharing a common philosophy of education. That, then, will be my framework for this chapter.

My point of departure is simply this: when you look at infants, the overwhelming impression you get is that they are constantly grasping, constantly reaching outward, looking, observing, watching, desperately trying to become mobile; and, once they can move, they are always trying to touch, feel, smell, and taste everything in their surroundings. The chief characteristic of early childhood is the trait of being active and alert and probing. Furthermore, older children and adults whom we respect and seek to emulate all have this same trait of being alert and curious. People readily admit this, but they believe that of all the people born in the world, only a very small percentage are equipped to retain their curiosity and desire to learn past early childhood. Ask the average adult in our society, "Do you think the average child is eager to learn?" and the answer is almost always:

"No. The average child is lazy and doesn't want to learn." Ask, "Do you think the average adult is full of curiosity?" Again, the answer is: "No, just the real smart ones." When you press them and ask, "What about very little children?" they will say, "Yes, but only a few of these can go on to do big things."

Actually, however, the observed behavior of older children does not bear out this widely held opinion, if they are placed in a surrounding where the natural desire to learn is free to flourish. In such an environment, it is soon evident that the eagerness to go on learning is something that persists.

However, some time during the early years – it used to be about six or seven, now it is getting to be more like three or four – society begins to impinge on this freedom of children to develop their own curiosity. The argument is that in order to make a go of it as a viable society, all children must be trained to have certain specific "basic skills." In essence, that is the main preoccupation of educators and parents. The questions usually addressed by educators are: what training is necessary, how should it be administered, and who should be responsible for it? I think that the central point is missed by those who consider these questions – namely, the point that *it is the very complexity of modern society that makes it wrong to try to train every young person in a certain set of basic skills.* The very argument people use to support the training they want to administer is the best argument against it! The very richness and complexity of the culture renders it pointless, and even counter-productive, to attempt to train everyone in a common pattern.

The reason this is so is really very simple. Our culture, being extremely complex, requires an enormous variety of different skills to keep it going. But despite all the attempts of philosophers and educators to discover some common denominator in all aspects of the culture, it has not been found, and more than likely, it doesn't exist.

There are too many things going on in the culture; there is *too much* variety. What we do in effect when we try to train everybody in a certain set of basic skills is *limit their choices drastically*; we limit the opportunity of the people in the culture to become expert in the full, rich variety of skills that could be of use to them. We have seen many examples of this kind of limitation in recent history. For example, suddenly in the fifties, American eductors found out that the standard curriculum wasn't training enough scientists and engineers – and they applied the usual solution of putting more science and technology into schools at every level. A few years later a deficiency was discovered in language arts and language skills from elementary school upward. What has happened over and over is that people have realized that, despite a tremendous effort to train children in all the so-called "basics," our culture is so complex that something new always springs up that we hadn't thought about. And because of the mental set that educators have come to accept, the solution has always been to put each newly discovered deficiency into the curriculum. Whereas actually a completely different approach is needed.

The point is that there are two ways to deal with a complex system. (What I am saying applies to administration, to business, to management, to economic planning, as well as to education.) One way is via a fully planned program – what I call the "linear" way. You lay out a master program, with all the connections and relationships between the parts, and you try to implement the entire program; and any time anything goes wrong, you try to fix it up so that it fits in with the rest. This is the idea of a planned economy, a planned industry, or a planned educational system. It is an approach that has its roots in Greek philosophy, which strove always to have everything laid out neatly in a grand pattern, where you could see all the details and how they are related.

There is, however, a second basic approach; a *random* approach,

which starts with the assumption that the best thing to do is to let things go freely, let the forces inherent in the environment act on this unhampered system in a myriad of different ways, and then examine how the forces create some form of order out of the originally chaotic situation. This is, for example, the fundamental approach behind a free market economy. It is also the approach underlying modern physics, which has abandoned the fixed approach toward nature that used to prevail, in favor of a statistical approach to complex systems, where the outcome is seen as the result of the interplay of a host of factors, none of which you understand in detail, none of which you try to control in detail, but all of which, together, provide some sort of stable order in the otherwise complex scene.

This approach is very much the trend these days, and it would seem to make sense to try to apply it to the problem of education in a modern, complex technological society. Let the educational system go free. De-control the basic decision of who is to be trained for what. Put the decision to each individual person, rather than to some outside authority. Shift it from the school to the individual being trained. What you will get is a large number of people each deciding they are going to do this, that, or the other thing, and eventually there will be a stabilizing, self-correcting, sifting process which cannot be understood in detail, but can be understood from a statistical vantage point. To me, this makes much more sense than what we are doing now. Indeed, if we were living in a very simple culture, I could understand the argument for training everybody to do the same basic things. But the more complex the society, the less the argument makes sense on purely pragmatic grounds. The attempt to overplan an economy or any other complex organization is doomed to failure, and just collapses from its own weight. There are some interesting side-effects that go with the basic statistical approach. For example, redundancy is important. You often get duplication of

effort in a complex system. But this is an advantage, not a disadvantage. One of the key factors that keeps a complex system going is redundancy. You get a lot of "spare parts," and that enables you to meet all kinds of emergencies and crises.

Some of the difficulties in piling up more and more required subjects in school have been realized by educators in recent years, with unfortunate results. What they have begun to say is that they are trying to move away from teaching a lot of facts and specific techniques, and are trying instead to teach "problem-solving methods." In other words, they feel they have found a new common denominator in the culture, the "technique of problem solving." The argument usually goes as follows: "We can't hope to teach people all of knowledge, not even all the basics, since there are too many, but one unique thing Western culture has come up with is a scientific method for approaching problems, and this method is the common denominator to everything we do in the culture. So our real aim in education should be to train young people to master the technique of problem-solving, and then let them go out into the world and master whatever they encounter." Thus, we have seen a shift in modern education from teaching facts towards teaching methodology.

The idea is flawed at its very root. In my opinion, it is a simple matter to look around and ask if anybody can see evidence that there is general agreement on how problems should be solved. On the contrary, if there is anything that pervades our society, from governments to organizations to any group of two or more people, it is precisely that no matter what the problem is, there is no limit to the number of ways it can be approached and solved. And of course, everybody invokes "scientific method" to support his way of doing things. So as a practical matter, it should be evident that neither educators nor politicians nor social thinkers nor philosophers nor anybody else can agree on common approaches to the problems that

face them, and just this simple observation alone should give everybody pause before they advocate teaching children how to solve problems. Indeed, the whole idea is basically meaningless , because the essence of a real problem is that you are not clear on how to go about getting a solution. Real problems, as opposed to fake problems, are the ones for which you've got to scratch your head and say, "What am I going to do next?" You have to call on all your experience, all your wisdom, and perhaps much more, and you have to face the possibility of failure; but in any event, you can't provide an answer right out of a book of problem-solving methods.

In fact, whenever we have a real problem, all we can hope for is that people will be alert and imaginative enough to have an interest in solving it, and to be able to bring new creative solutions to bear. What is essential in the quest for solutions is the ability to be free to follow a large variety of different paths. Any one person should have the mental freedom to do that, and any society should certainly have the potential for its population to do that. The more paths that are followed, the more mistakes that are made, the more blind alleys that are gone down, the greater the likelihood that a solution will be hit upon that people will find satisfactory. This is another way of saying that in the absence of a known way to solve the unknown, it seems that the best alternative is to allow all the unknowns to be explored. I think that is also the key to developing judgment and wisdom: you have to make a lot of mistakes, and you have to be able to acknowledge them and not be afraid to make yet more.

You can see how absolutely opposite this approach is to the way education is going on today everywhere. The root principle of modern educational practice is that a child should not be exposed to failure if at all possible; that learning situations in schools should be structured for children so that they go from one success to another. Unfortunately, what is wrong with that approach is that it has little

to do with the real world. When people emerge from the school environment and encounter their very first problem, they are bound to make mistakes; and as soon as they make a mistake, they fall apart. I am exaggerating of course, but the point is that you must be able to deal with mistakes, and to follow through on paths that turn out in the end not to lead anywhere. At least as important as the elation of success is the chastening effect of failure.

The essence of wisdom and judgment is the ability to compensate for error. A wise person isn't the one who knows the right answers – nobody knows the right answers, even if you believe right answers exist. Rather, a wise person is one who is able time and again to think of wrong answers, to review them, to acknowledge their error, to accept mistakes in others, and to encourage himself and others to go on making mistakes until solutions are reached that are acceptable, if not absolutely "right." Now the way to develop wisdom is to develop people who are not afraid to try lots of different things and to fail in most of them. Certainly, when reading biographies of people who were admired by society, we always find this to be so. Unfortunately, most biographers are embarrassed by the failures of the people they write about. That is a shame. For example, if you read about Churchill, you usually are told that he ended up being a great man even though he made an awful lot of mistakes in his early years. You are given the impression that it is an amazing phenomenon that a man in his sixties led England successfully through the Second World War even though he had been a dreadful failure in the First World War and did little of note in the inter-war years. If I were a biographer, I would spend most of my time digging up the mistakes that my subject made – that is what I would be most interested in. Because almost always in the background of a successful person in any field there is a mass of errors and those are the really interesting parts of his life, the ones that account for his successes. In fact,

it used to be a tradition that people would let their hair down in their autobiographical writings and write at length about the mistakes they made. But that tradition is all but dead today. Nowadays, when you read the memoirs of great persons, all you find is an account of the deeds that made them famous, never a recitation of, "I blew it here, and I blew it there" – the kinds of things that we never find out and that we most want to know.

All of which brings me to my final point, that has to do with patience. One thread that runs through every point in this chapter – letting things go their own way, letting children develop their own curiosity freely, letting people decide what they are going to be trained in, letting people make all the mistakes they can on the way to developing their judgment – is that all these things involve an enormous amount of time, and require *patience*. You have got to have time to work things out. Perhaps the most devastating feature of our society is its preoccupation with speed. In fact, the single most effective tool society has for squelching creativity and independence is rushing everybody to death. How often have I seen people who have almost reached their goals suddenly stop and say, "Time is flying by, I have got to move on," and then all of their relaxed ability to work things out goes down the drain. It is just plain ludicrous to think that a person has to have "made it" by a certain age. Some people find their life calling at six, others at thirty-six, others much later. Things have just got to be allowed to work themselves out in their own good time.

Perhaps, after all, *patience* is the most appropriate theme on which to end. For of all the virtues required in the art of childrearing, none is more important – and none rarer – than patience, in parents, in family, in friends; *patience* to allow the miracle of human development to unfold according to its own internal laws, from birth through infancy and childhood and youth, even till the moment of death.